

**Putting Your
Healthy Youth Survey
Results to Work**

Exercise Workbook

**Spring 2009
Regional Workshops**





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Section 1

New Ways to Use Your Results

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Learning Objective

Participants learn creative ways to use HYS results with schools, communities and youth.

Using Healthy Youth Survey Data with School Administrators

6



Goal of Washington State Education

- ▶ The goal of the Basic Education Act . . . shall be to provide students with the opportunity to . . . become responsible citizens, to contribute to their own economic well-being and to that of their families and communities, and to enjoy productive and satisfying lives. To these ends, the goals of each school district, with the involvement of parents and community members, shall be to provide opportunities for all students to develop the *required* knowledge and skills...**ESHB 1209, 7/25/93**

Points to Include

- Connections to school, link to the mission of the school
- Risk and protective factor basics
- Link student behavior/attitudes with academics
- Highlight data and create ownership
- An overview of HYS
- Examples of action that can be taken
- Resources, including contacts for on-going assistance

Why is Linking Academics and Child well-being important?

“What we do in the name of health, safety, and well-being are linked with teaching and learning. Teaching and learning can’t take place if students aren’t healthy, aren’t physically and mentally fit, or aren’t safe.”

--William Modzeleski, Director, Safe and Drug Free Schools Program,
U.S. Department of Education

Make the Connection between Student Behaviors and Academic Success

- Early use of alcohol and cigarettes = lower WASL scores
- More disruptive/aggressive behavior = lower WASL scores
- More alcohol and drug use = less likelihood of passing WASL
- Higher bonding to school = higher WASL scores and better grades
- Better social skills = higher WASL scores and better grades



Components of Supportive Learning Environments

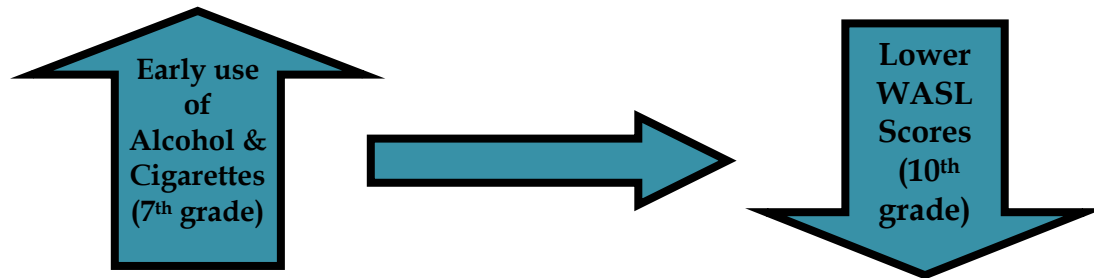
- Safe & Healthy (emotionally, socially, physically)
- Supportive (respectful, welcoming, fair, continuum of services)
- Learning (relevant, challenging, engaging, personalized)
- Community (shared goals, family & community involved)

Highlights of Risk and Protective Factor Theory

- Risk and protective factors occur in 4 domains: school, community, family, and peer/individual.
- Risk factors predict problem behaviors while protective factors buffer risk factors.
- Risk and protective factors have cumulative effect.
- Reduce risk factors and increase protective factors throughout a child's life to prevent problem behaviors

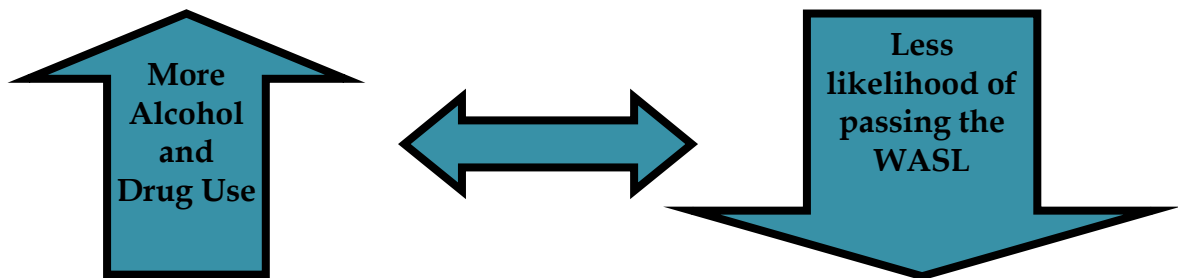
Risk behaviors are associated with school achievement.

- Early Cigarette and Alcohol Use associated with decreased test scores
- Disruptive behaviors associated with decreased test scores



Journal of School Health, November, 2005

- Higher alcohol and drug use at the building level was related to lower likelihood of passing the WASL.

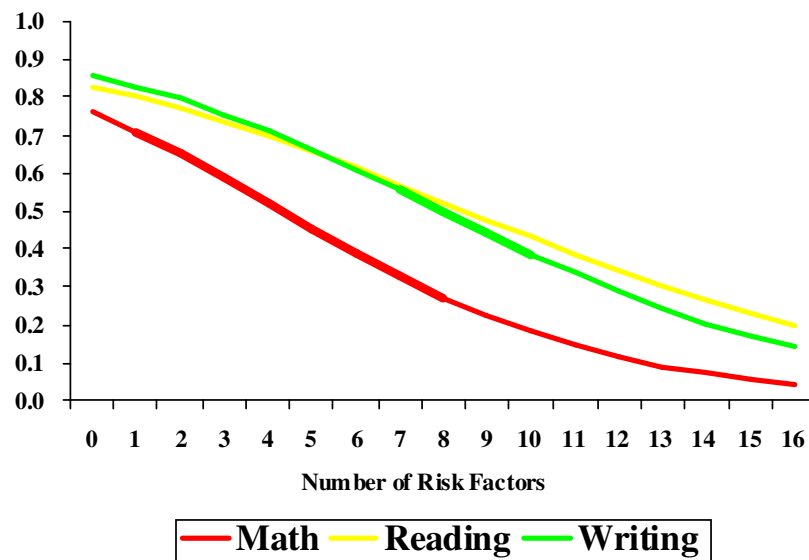


Arthur, M. & Brown, E., SDRG, Univ. of WA, 2006

Risk Factors Most Impacting Academic Standards (Grades 7 and 10)

- Laws & norms favorable to drug use
- Perceived availability of ATOD
- Perceived availability of handguns
- Low neighborhood attachment
- Anti-social behavior among familiar adults
- Academic failure
- Early initiation of drug use
- Early initiation of anti-social behavior
- Favorable attitudes towards anti-social behavior
- Favorable attitudes towards drugs
- Low perceived risk of drugs
- Friends who use drugs
- Peer rewards for anti-social behavior

Relationship Between Number of School Building Risk Factors and Probability of Meeting Academic Standards (10th grade)



Arthur, M. & Brown, E., SDRG, Univ. of WA, 2006

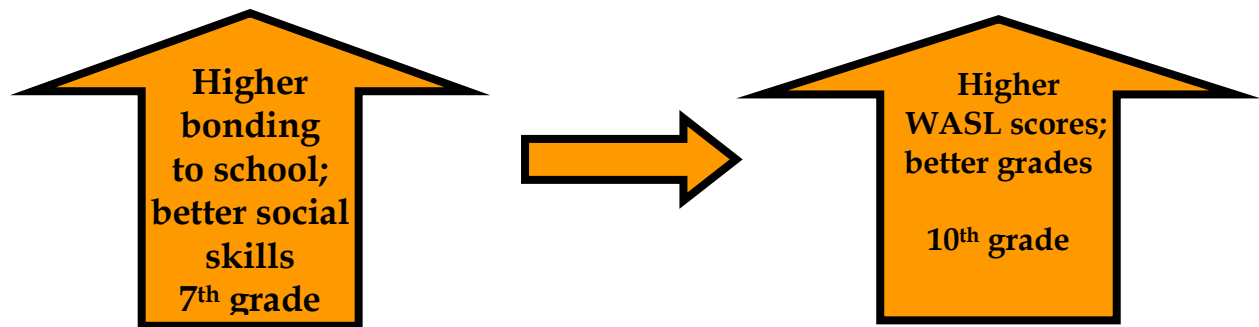
An increase of one risk factor in a school resulted in a decrease of 20-30% the likelihood of a student passing the WASL.

-Arthur, Brown, & Briney, July 2006

School Protective Factors

- Opportunities for Involvement
- Recognition for Involvement
- Bonding (Attachment and Commitment)
- Healthy Beliefs and Clear Standards

Bonding to School and Better Social Skills associated with increased test score.

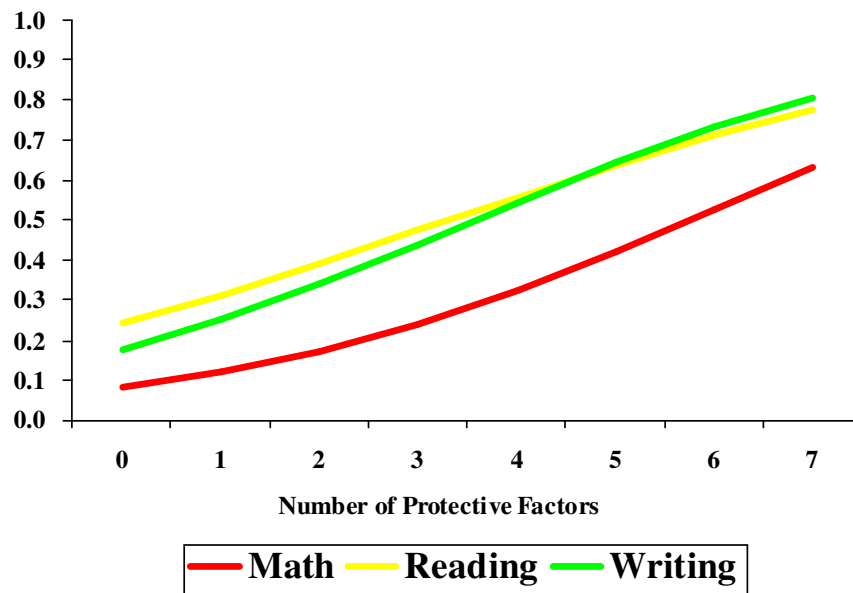


Journal of School Health, November, 2005

Protective Measures Most Impacting WASL Scores *Grades 7 and 10)

- Community Recognition for Pro-Social Involvement
- Family Opportunities for Pro-Social Involvement
- Family Recognition for Pro-Social Involvement
- School Opportunities for Pro-Social Involvement (7th grade math only)
- Social Skills
- Belief in the moral order

Relationship Between Number of School Building Protective Factors and Probability of Meeting WASL Standard (10th grade)



An increase of one protective factor reported by students in a school increased the likelihood of a 10th grade student meeting standard on the WASL by 38% to 52%.
-Arthur, Brown, Briney, July 2006

Drug Use, Risk level and Protection level influenced WASL scores MORE than

- Student's Gender
- Student's Ethnicity
- Free-reduced lunch status
- District enrollment size
- Per pupil expenditures

How Do We Know Where We Stand?

Healthy Youth Survey

Healthy Youth Survey 101

- DSHS, OSPI, DOH, Dept. of Community, Trade & Econ. Development, Family Policy Council, Liquor Control Board RMC
- Fall every other year
- 6th, 8th, 10th, & 12th grades
- ATOD use, physical/emotional health, violence
- Risk & protective factors

Let's Take a Look at the Data

- What does your local data look like?
- How does it compare to the state?
- Do you notice trends over time, or within a cohort of students?
- What items were you surprised to see?
- What programs/activities are in place to account for positive data points or trends?
- What is missing that may account for the negative data points or trends?
- What items would you be most interested in addressing?

So What Can Your School Do? Taking Action, some examples:

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- Monitor/Share HYS data, including sharing with parents and students
- Use the HYS to identify issues of concern
- Implement targeted or school-wide initiatives to address areas of interest
- Purposefully work to decrease risk factors and increase protective factors
- Set School Improvement goals (or strategies imbedded within goals) related to risk and protective factors

Your Local ESD Prevention Center Can Assist You

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<http://www.k12.wa.us/PreventionIntervention/CoordinatorDirectory.aspx>

- Curriculum
- Professional Development
- Technical Assistance
- Data Support

References

- Arthur, Michael, Eric Brown, & John Briney. Multilevel Examination of the Relationships between Risk/Protective Factors and Academic Test Scores. Social Development Research Group, University of Washington. June 2006
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- Dropping Out is Hard to Do. Issue Brief by The Center for Comprehensive School Reform and Improvement. Administered by Learning Point Associates in partnership with the Southwest Education Development Laboratory and West Ed, under contract with the Office of Elementary and Secondary Education of the US Dept. of Education.
- Richard F., Fleming, Charles B.; Gruman, Diana H.; Haggerty, Kevin P.; Harachi, Tracy W., Mazza, James J. Do social and behavioral characteristics targeted by preventive interventions predict standardized test scores and grades?(academic achievement prediction) Journal of School Health. November 2005.
- The High Schools We Need: Improving an American Institution. OSPI, May 2006.
- Hudley, et al. Student Engagement, School Climate, and Future Expectations in High School. Paper presented at the 2003 Biennial Meeting of the Society for Research in Child Development, 2003.
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Community Mobilization 12

Using HYS data to help change community perspectives about important issues among kids.



Washington State Coalition to Reduce Underage Drinking

Getting Started with your Town Hall Meeting

There are two overall goals for your Town Hall Meetings:

1. Bring the community together to discuss how to reduce underage drinking in the local community;
2. Motivate parents, grandparents and other adults to talk with children about not using alcohol before age 21.

First Steps

1. Determine your local community's purpose

- If your community is just starting to focus on the issue of underage alcohol use, we've designed a potential agenda for you to consider using. It's attached.
- If your community wants to target a specific concern (such as too many alcohol signs in store windows, beer gardens at local festivals, alcohol billboards, alcohol sponsorship of sports teams or at sports stadiums, etc) the RUaD Coalition has designed a *Reducing Alcohol Marketing Action Kit* that will give you ideas for tackling these environmental issues. It includes a power point presentation and "This Place" video that you can use at your Town Hall Meeting. The *Action Kit* is at the printers now and will be sent to you on Feb. 15.

2. Identify your Planning Committee

Determine members, select a chair, identify meeting time and place.

3. Determine your target population

Is your town hall meeting for parents, young people, community-at-large?

4. Select the location, day, and time for your THM

Consider combining your meeting with a community event or meeting in order to have a core group already in attendance.

5. Plan your Town Hall Meeting to:

- **achieve your purpose**
- **fit the audience you are targeting**



**Washington State Coalition
To Reduce Underage Drinking**

www.StartTalkingNow.org

MAKING THE NEWS: TIPS FOR MEDIA ADVOCACY

Media advocacy refers to a wide range of activities, such as initiating and responding to calls from reporters; staging media events; writing letters to the editor or op-ed pieces for the newspaper; conducting surveys to generate media attention (such as the number and location of billboards in your community); developing long-term relationships with editors and publishers; and alerting media to important policy-related developments.

The following are media advocacy tips for raising awareness of underage drinking issues and events in your community:

1. Write down the three points you want the media to emphasize. For example:
 - Too many of our local kids are using alcohol (pull out your local stats)
 - Our kids are offered a drink just about everywhere they go in our community—billboards, store displays, sporting events, community festivals, in movies, on television.
 - Parents play a big role in shaping their children's attitudes about using alcohol underage. Come to our Town Hall Meeting on (day, time, location) to learn more.
2. Take the initiative. Email a news release directly to health reporters and then call them. Email editorial articles to the newspaper editor. These contacts are usually listed on media websites. Make news happen!
3. If a reporter calls, have your three points handy. If you are not ready for an interview, tell him/her you will call back within 30 minutes.
4. Constantly state what specific changes need to take place, and who needs to take action.
5. Practice what you want to emphasize. Role-play calls to reporters with your colleagues; say your media bites out loud. Practice will help make you more comfortable and effective in talking to reporters.
6. Frame your story. For example, emphasize the need to reduce youth exposure to alcohol products and messaging and parents and other adults have the power to make changes in their communities.
7. Determine who your best spokespeople are. Consider parents, police officers, teens or others who will have inherent credibility with reporters. Help them prepare through role-playing.
8. Be a parrot. Answer the reporter's questions, but keep bringing him/her back to your key messages. Bridging phrases: "Your readers will want to know..."; "We see that from a different perspective..."; "Let's look at the bigger picture..."; "Let's talk about what *is* happening here..."
9. Silence. When you've said what you want to say, stop talking. Don't let the reporter's silence make you uncomfortable and force you into filling the void. It's the oldest trick in the book. Wait it out.

For more tips, go to <http://www.tcnj.edu/~pa/news/mediatips.html>

Adapted from "Strategic Media Advocacy for Enforcement of Underage Drinking Laws, Pacific Institute for Research and Evaluation.

Garfield County Human Services Alcohol and Substance Abuse Program

March 2008

Happy St. Patrick's Day

Do you think you or
someone you know
might have a problem
with Alcohol or other
Drugs?

Garfield County Human Services
856 Main Street
Pomeroy, WA 99347
Hours of Business
Monday - Friday
8:30 - 5:30
Phone: 843-3791

FREE
Screening
and
Referral
Appointments
*Just give us
a call!*

**Town Hall Meeting
March 25th!**

Fred Crowell, Keynote Speaker

Fred Crowell will be the Keynote Speaker for the Garfield County Town Hall Meeting on Underage Drinking. Fred holds Bachelor's and Masters degrees in Education from the University of Idaho. He is the Founder and President of Northwest Basketball Camps located in Spokane, WA. Over the past 30 years, he has authored educational and motivational books, cassette tapes, and DVD's and been the featured speaker to more than a million people throughout North America.



Garfield County Human Services
Alcohol and Substance Abuse Program
PO Box 758
Pomeroy WA 99347
(509) 843-3791

Peggy's Pointers

It is evident that this edition of the newsletter is dedicated to the Town Hall Meeting scheduled for March 25, 2008 at Pomeroy High School. Please join us for an evening of food, fun, entertainment, and education as we examine the issue of underage drinking in Garfield County. We will review specific data on the rate and consequences of underage drinking in Garfield County. Special features will include:

- Pizza dinner including salad and ice cream sundaes
- Displays made by each class, grades 1 - 6
- Bowling for all children attending
- Expert Panel Discussion
- Fred Crowell Presentation
- Entertainment by the 5th & 6th grades of the After



Keys to Success

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- Well organized and strong coalition
- Close collaboration with the school district
- Involvement with the kids
- Planning a great meeting, and providing food
- **Resulted in a new parent network**

Sharing HYS with Youth 17

To get their perspective on what's important to them and their ideas for improving their community.

Example: Wahkiakum County's Healthy Youth Summits 18

In 2005 and 2007, Wahkiakum held Healthy Youth Summits:

- A community-wide group of youth and community/ school adult leaders met
- Youth and adults shared their interpretations of HYS data



Steps Taken ~ Get an audience

Identifying the youth to participate:

- Community and/or school youth groups
- Youth in after-school programs
- Try to get a diverse group of youth

Identifying the adults to participate:

- Community leaders
- Community organizations, community mobilization,
- School board, school administrators,
 - In general, people who can make policies or programs to help youth

Get organized

- Set up logistics – where, when, facilitators
- Recruit participants
- Develop materials:
 - Put your HYS results in an understandable and useable format

In the morning, the YOUTH....

- Reviewed HYS data and discussed:
 - If they believed the results
 - Reasons for their results
 - What needed to change in their community
 - Prioritized issues and recommendations for adult leaders

In the afternoon, the ADULTS....

- Reviewed the data & what youth said
- Discussed priorities and their recommendations
- Began to think about coming year & what could be done to address youth issues

How to engage youth

Create a comfortable environment:

- Give them a chance to get to know each other
- Ensure them that they will be taken seriously and their comments are confidential,
- Let them know that they are experts and their opinions are highly valued
- Emphasize the importance of respecting everyone's opinions

Help youth feel data savvy

Provide clear instruction on how to interpret HYS results:

- Give a little background about HYS and the measures
- Provide information on data interpretation

Provide tips on how to talk about the data

Have a list of key questions to answer:

- Do you believe the survey results?
- Do you have additional information to add?
- How do our results look; by grade level, compared to the state?
- Are any patterns emerging?
- How are things working now, how could they be made better?

Soliciting quality feedback

- Use interactive activities like small group discussions and exercises to identify the top problems in their community and what could be done
- Facilitate a discussion to determine the final list of recommendations for the adults
- Then figure out how it will be presented

Keys for a successful summit

- Create a comfortable and confidential environment for youth
- Assure youth that they will be taken seriously - they are the experts and their opinions are highly valued
- Develop concrete ideas for addressing youth issues
- Recognize that everything doesn't have to be solved immediately
- Appreciate the importance of starting this type of dialog between youth and adults

Replicating something similar

There are tools available to it easy to talk about HYS data:

- Powerpoint slides of results (from RMC, see sample slide below)
- Ask.HYS.net topical fact sheets

This could be done with in many ways:

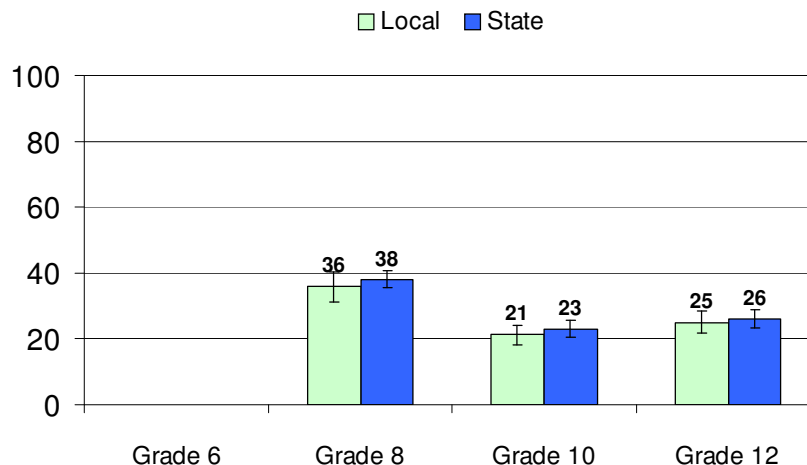
- With a school or community youth group
- Within any geographic location – a county, a city, a school district, or a school
- It could even be done in a single classroom

State, county, and special population reports of results will be available online. Currently the website is: <https://fortress.wa.gov/doh/hys>, but it may change when the new 2008 reports are posted. 2008 reports of results were mailed to the state agencies that sponsor HYS, local health jurisdictions, ESDs and school district superintendents on CDs in early March 2009.

2008 powerpoint slides of results were also included on the CDs. An example of a slide is below:

HYS Powerpoint Slides

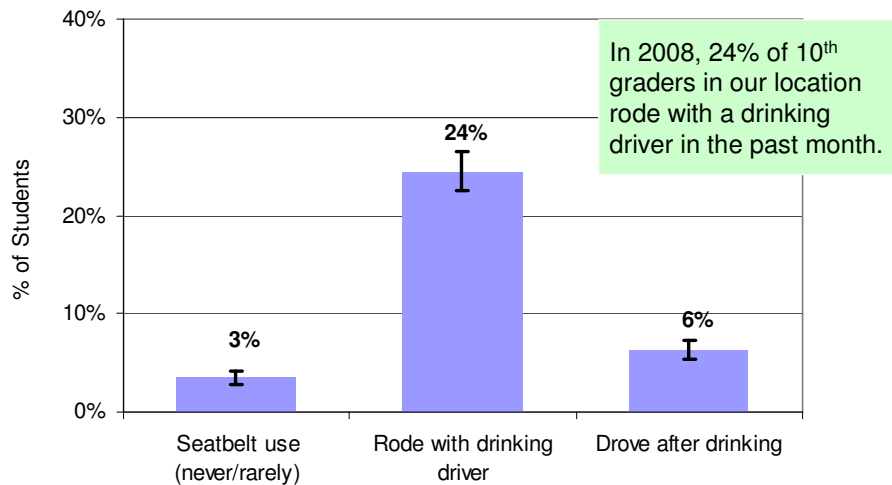
Enforcement of Tobacco-Free Policies
Percent of students who report "definitely" thinking that rules about not using tobacco at school are enforced



Topical fact sheets are available on AskHYS.net, and include the following forms of information:

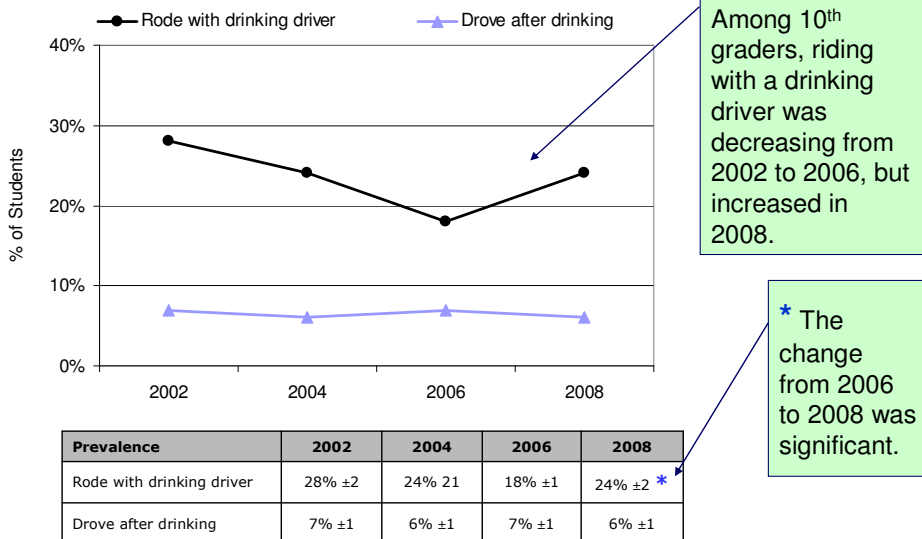
AskHYS.net fact sheet results

2008 Motor Vehicle Safety, Grade 10

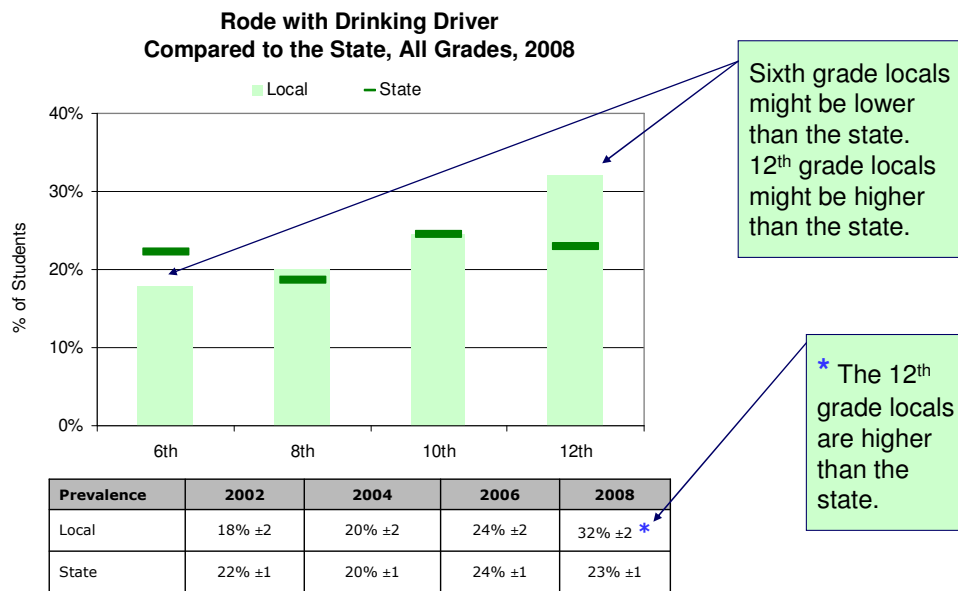


AskHYS.net trend results

Drinking and Driving Trends, Grade 10

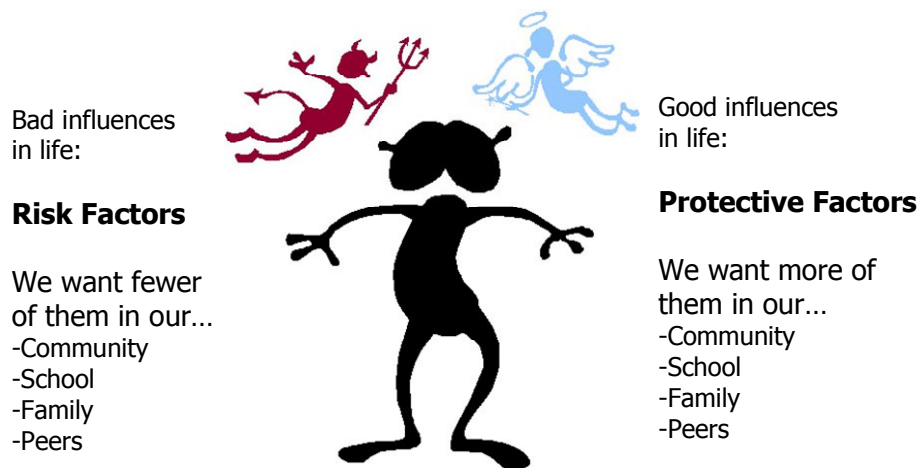


AskHYS.net local & state comparisons



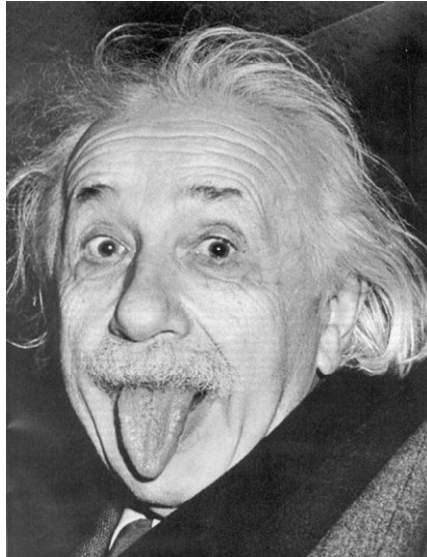
The following slide is a description and visual image of the risk and protective factor scale results from HYS.

"Risk & Protective Factors"



There are multiple questions for each risk & protective factor. We report these as "percent at-risk" or "percent protected" – the students with "enough" to make a difference in life (either way)

The following picture and statement are included as a reminder to keep the use of data in perspective.



*Not everything
that counts can
be counted, and
not everything
that can be
counted counts.*

- Albert Einstein

Section 2

Understanding Your Local Report and Results 23

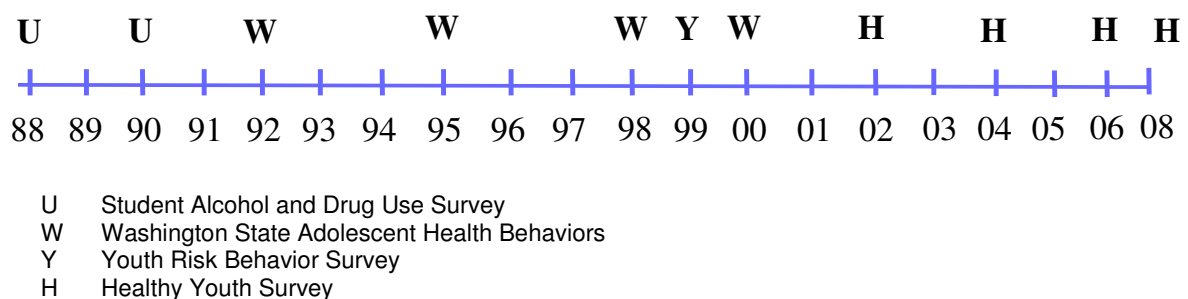
Learning Objective

Participants will become familiar with the HYS local reports and tools for understanding and using the local reports

History of Washington Youth Survey Efforts

Past Washington Youth Surveys

School-based youth health and risk surveys have been conducted in Washington since 1988.



HYS 2008 was the 11th statewide school-based survey of adolescent health behaviors in Washington. Surveys have been implemented in Washington over the past 20 years, beginning in 1988.

The time between survey administrations has fluctuated over the years, though on average the surveys have been administered every other year in the fall or spring.

The content of the surveys has also varied. Some surveys have focused on health risks (1988, 1990, 1999), whereas others have focused on risk and protective factors (1992, 1998). Recent surveys (1995, 2000, 2002, 2004, 2006, and 2008) have focused on both health risks and risk and protective factors.

Multiagency Partnership

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The planning and implementation of the Healthy Youth Survey is the collaborative effort of many Washington state agencies. These efforts are coordinated through the Joint Survey Planning Committee.

Joint Survey Planning Committee Agencies

- Office of Superintendent of Public Instruction (OSPI)
- Division of Alcohol and Substance Abuse, Department of Social and Health Services (DASA/DSHS)
- Department of Health (DOH)
- Community, Trade and Economic Development (CTED)
- Family Policy Council (FPC)
- Liquor Control Board (LCB)
- RMC Research Corporation (survey contractor)

HYS 2008 Administration

A simple random sample of schools are drawn to produce state-level estimates.

- Samples are drawn as appropriate for larger counties. In 2008 King, Pierce, Snohomish, Spokane (Grade 6), Thurston (Grade 6) and Clark (Grades 6 & 8) had county samples drawn. The responses from these schools were used to produce county-level estimates.

Non-sampled schools were also invited to participate in the survey; participation allows these schools to obtain their own school results and to contribute to district-, county-, and ESD-level results.

Since 2000, HYS has been consistently administered in the fall of even years to all Grade 6, 8, 10, and 12 students.

Consistency in administration ensures that the survey provides results that are comparable over time.

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HYS 2008 Participation

HYS 2008 had the greatest participation of any Washington youth health and risk survey.

Overall Participation

211,244 student

1,097 schools

247 school districts

All 39 counties

State Sample Participation

30,346 students

201 schools

86 school districts

33 counties

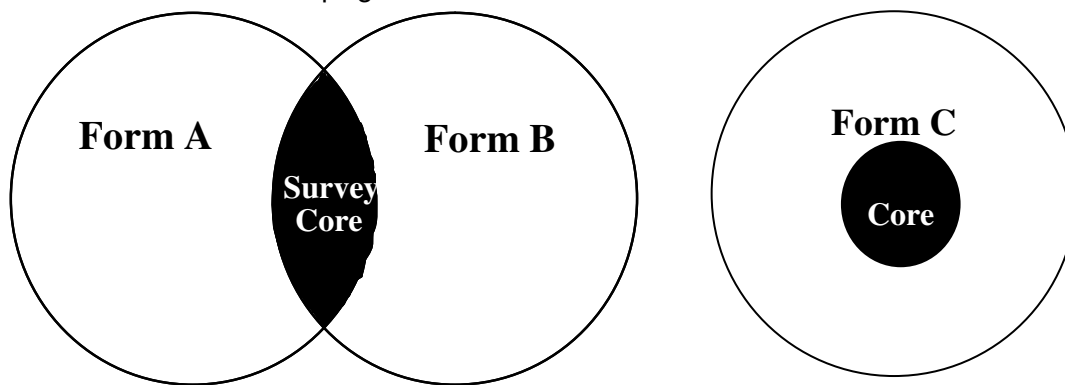
HYS Survey Form Variations

For Grades 8, 10, and 12, two variations of the survey, Form A and Form B, ensure that the survey is not too long.

- Most of the items are unique to one version or the other, but a set of common items forms the survey core.
- Form A has more risk and protective factor items, and Form B has more health behavior items.
- When the surveys are packed they are interleaved so that half of the students receive Form A and half receive Form B. This approach effectively results in randomized distribution.
- Forms A and B both include a 1-page tear-off scannable answer sheet.

For Grade 6 the sole variation, Form C, is a shortened and simplified combination of Forms A and B.

- Form C includes a 1-page tear-off scannable answer sheet.



HYS 2008 Form A	HYS 2008 Form B
<p>Development led by DASA/DSHS and OSPI.</p> <p>Main survey: 133 items Tear-off: 18 items</p> <ul style="list-style-type: none">• School risk and protective factors• Community risk and protective factors• Peer-individual-family risk and protective factor	<p>Development led by DOH</p> <p>Main survey: 111 items Tear-off: 16 items</p> <ul style="list-style-type: none">• Nutrition• Physical activity• Safety behaviors (helmets, seatbelts, violence)• Mental health/depression/suicide• Tobacco indicators

HYS 2008 Form C

A shortened version of Forms A and B combined.

Simplified items mutually agreed upon by JSPC.

Main survey: 90 items
Tear-off: 8 items

Core Survey Items

- Demographics
- Alcohol, tobacco, other drugs
- Key violence-related items
- School-specific Risk and Protective Factor items
- Depression

35 questions on forms A and B, and
17 questions on forms A, B and C

Tear-Off Items

- Optional section at the end of the survey that is perforated so districts or schools can tear off the questions.
- Examples of tear-off questions:
 - ▶ Family risk and protective factors
 - ▶ Physical abuse and dating violence
 - ▶ Asthma
 - ▶ Tobacco

Learning Objective

Develop familiarity with the contents of your report.

This section of the workbook will cover:

1. **Introduction and Overview**
 - About the survey, number of respondents, key to the notes, highlights.
2. **Graphical Summary of Selected Results**
 - Graphs of selected 30-day use, bullying, and school climate results.
3. **Selected Results by Gender**
 - Results to several key questions for females and males.
 - Significance of the asterisks in place of some results.
4. **Item Results**
 - Results for the survey items, organized by topic.
5. **Risk and Protective Factors: Scale and Individual Item Results**
 - Risk and protective factor framework and reporting schedule, results for each risk and protective factor scale, and graphs of the scale results.
 - Results for the survey items that contribute to the scales.
6. **List of Core Items and Item Index**

Introduction and Overview

Types of reports:

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- **Report of Results:** were sent to districts (both district and school-level results), counties, and ESDs with 70% or greater participation.
- **Report of Participating Schools:** were sent to districts, counties, and ESDs with less than 70% participation. A cover letter sent with the reports encourages caution in generalizing the results and provides a list local schools and their participation rates by grade.

The following information appears on page 1 of all reports:

Healthy Youth Survey 2008

Survey Results

Sample Middle School, Grade 8

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Number of students surveyed:	92	173	Forms submitted
Number of valid responses:	89	165	Forms useable (valid)
Estimate of enrolled students:*	13	206	Estimated number of enrolled students based on 2007–2008 data
Survey participation rate:**	67	80%	Number of valid responses divided by number enrolled

Introduction and Overview

The impact of adolescent health risk behaviors remains a primary concern of citizens throughout the country. Many health problems experienced by adolescents are caused by a very few preventable behaviors. Patterns of alcohol, tobacco, and other drug (ATOD) use and related risk behaviors are often formed during adolescence. These patterns play an important role in health throughout adulthood.

This report presents results from the fall 2006 Healthy Youth Survey in Washington State. This survey was sponsored by the Office of Superintendent of Public Instruction; the Department of Health; the Department of Social and Health Services; the Department of Community, Trade and Economic Development; and the Family Policy Council, in cooperation with schools throughout the state of Washington.

For each item, local results appear in the first two columns and statewide results appear in the second two columns. The number of valid responses (“n”) appears in parentheses for each item. Survey items covering the same topics are grouped together (the item numbering is specific to this report and does not necessarily reflect the item order on the actual survey). The bulleted points and graphs included at the beginning of this report highlight selected findings. Additional information may be found in the *Interpretive Guide* posted to the Healthy Youth Survey web site (<http://www.hys.wa.gov/>).

Survey participation rates can be found on the Healthy Youth Survey web site. The following guidance from DOH may be used when reviewing your results. However, if a particular group(s) of students did not complete the survey and therefore did not contribute to your results, there may be limitations to your results even if you have a high participation rate (i.e., if differences exist between students who *did* and who *did not* complete the survey). There may be value in discussing the potential limitations when using the results in this report.

- 70% or greater participation – Results are probably representative of students in this grade.
- 40-69% participation – Results may be representative of students in this grade.
- Less than 40% participation – Results are likely not representative of students in this grade but do reflect students who completed the survey.

Explains the importance of the participation rates

Key to the Notes

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Explains the notes used throughout the report

The survey was administered in 3 versions. Forms A and B were administered to students in Grades 8, 10, and 12. These two forms contained a core set of common items (see “List of Core Items” on the last page of this report) and additional items unique to each form. Form C was administered to students in Grade 6. This form consisted primarily of items drawn from Forms A and B but also included some unique items. Several items on each form were optional at the discretion of the school; schools that did not administer the optional items tore off the last page of the survey booklet. The following notes are used throughout this report to document the differences between the items on different versions and indicate the optional items:

A = wording on Form A
 B = wording on Form B
 C = wording on Form C
 † = optional item

Acknowledges, that response rate are estimates based on older enrollment data.

* Estimate of enrolled students based in 2007-2008 figures (or later if not available for that period)
 ** Participation rate = valid responses ÷ enrolled students (may be >100% if enrollment greater in 2006 than 2004).

Summary of Selected Results

The following information appears on page 2 of all reports:

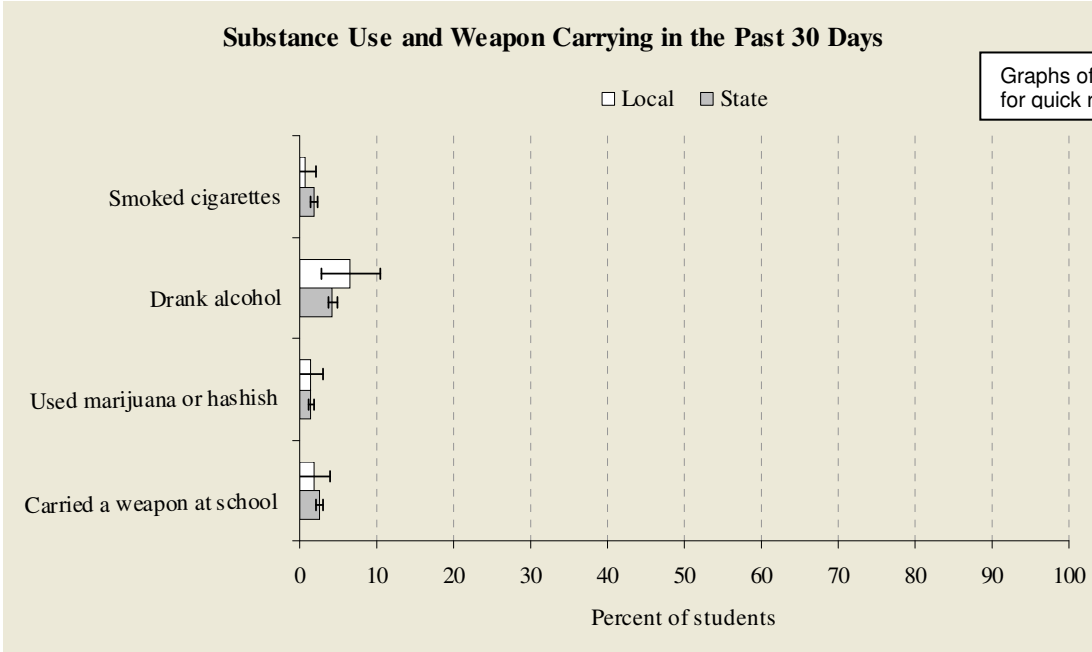
- All reports include the same items.
- Graphs match items.
- Items and graphs are the same as in HYS 2006 reports.

Highlights of the Local Results

Summary of highlights provided for quick reference.
This information is detailed later in the report.

Your students and students statewide reported the following behaviors and attitudes:

	Your students		Statewide	
▪ Smoking cigarettes in the past 30 days (see item 28).	0.7%	(± 1.4%)	1.9%	(± 0.4%)
▪ Drinking alcohol in the past 30 days (see item 34).	6.6	(± 3.9)	4.3	(± 0.6)
▪ Using marijuana or hashish in the past 30 days (see item 35).	1.3	(± 1.8)	1.5	(± 0.4)
▪ Carrying a weapon at school in the past 30 days (see item 112, 113).	1.9	(± 2.2)	2.6	(± 0.4)
▪ Being bullied in the past 30 days (see item 132).	28.6	(± 7.1)	31.6	(± 1.4)
▪ Enjoyed being in school over the past year (see item 194).	58.5	(± 7.6)	54.3	(± 1.4)
▪ Feeling safe at school (see item 205).	86.3	(± 5.3)	88.6	(± 1.2)



Graphs of highlights provided for quick reference.

Cross-tab Results by Gender 31

The following information appears on page 3 of all reports:

- 30-day smoking, 30-day drinking alcohol, binge drinking (Item 60), symptoms of depression (Item 119), bullying (Item 130), and feeling safe at school (Item 204).
- Same as in previous reports.
- Results suppressed to protect anonymity.

Selected Results by Gender

Selected items are presented by gender to highlight any differences between females and males. The p-values reported after each item can be used to examine whether differences in the local data between females and males are statistically significant. To ensure student anonymity, local results are suppressed for each item on this page if any cell (e.g., females who reported smoking) represented fewer than 10 students.

During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? (See item 122.)

No
Yes

Local (n = 164)		State (n = 8,295)	
Female	Male	Female	Male
62.8%	76.7%	69.6%	80.9%
37.2	23.3	30.4	19.1

Note. $p = .04$ from a chi-square test.

If $p < 0.05$ the difference between local males and local females is statistically significant

Why Asterisks Instead of Number for Gender?

- To produce results by gender a minimum of 10 respondents must give each response option
- The number in each cell is dependent on two factors:
 - ▶ The proportions of females and males
 - ▶ The proportion of students reporting each response

For example, to produce results for cigarette smoking

- ▶ At least 10 girls have to report smoking & at least 10 girls have to report not smoking AND
- ▶ At least 10 boys have to report smoking & at least 10 boys don't

Smallest n Example:

A minimum $n = 40$ is needed if:

50% of the local respondents are female and 50% are male:

$$50\% \times 40 = 20 \text{ females}$$

$$50\% \times 40 = 20 \text{ males}$$

50% of females smoke 1 or more and 50% of males smoke 1 or more:

$$50\% \times 20 = 10 \text{ females}$$

$$50\% \times 20 = 10 \text{ males}$$

	Percent in each cell		n in each cell	
	Female	Male	Female	Male
$N = 60$				
None	50%	50%	10	10
1 or more	50%	50%	10	10

Realistic Example:

A minimum $n = 500$ is needed if:

60% of the local respondents are female and 40% are male:

$$60\% \times 500 = 300 \text{ females}$$

$$40\% \times 500 = 200 \text{ males}$$

8% of females smoke 1 or more and 5% of males smoke 1 or more:

$$8\% \times 300 = 24 \text{ females}$$

$$5\% \times 200 = 10 \text{ males}$$

	Percent in each cell		n in each cell	
	Female	Male	Female	Male
$N = 500$				
None	82%	82.5%	276	185
1 or more	8%	7.5%	24	10

Item Groupings

The results from each survey item begin on page 4 of the report and are grouped in the following order:

- General information.
- Alcohol, tobacco, and other drug use.
- Other health concerns.
- School climate.
- Quality of life
- Risk and protective factor items.

Item Examples

	Local (<i>n</i> = 291)	State (<i>n</i> = 3,074)
53. Does anyone who lives with you now smoke cigarettes?		
a. No	56.4% (± 5.7%)	64.6% (± 3.1%)
b. Yes	43.6 (± 5.7)	35.4 (± 3.1)
134. Does your school provide a counselor, intervention specialist, or other school staff member for students to discuss problems with alcohol, tobacco, or other drugs?	Local (<i>n</i> = 593)	State (<i>n</i> = 6,525)
a. No	11.5% (± 2.6%)	8.4% (± 1.0%)
b. Yes	58.7 (± 4.0)	60.1 (± 3.9)
c. I'm not sure	29.9 (± 3.7)	31.4 (± 3.2)

Why is item *n* less than Overall *n*?

- Not a core item (Grades 8, 10, 12).
- Optional item on the tear-off portion of the survey (look for the † symbol).
- Students did not reach an item near end of survey.
- Students skipped an item or did not mark their answer clearly.

Why asterisks instead of numbers for frequency?

- No students responded (*n* = 0).
- Results suppressed to protect anonymity
 - Overweight (Item 65)
 - Results by gender (cell *n*<10)

Risk and Protective Factors

Included with the item results is information about the risk and protective factor scales:

- Framework and reporting schedule.
 - a. Provides information about items from 1995 to 2008.
 - b. Provides a list of the individual items that were grouped together to form scales (a set of closely related behaviors or attitudes).
- Scale results.
 - Starting in 2006, used a different order than HYS 2002 and 2004.
 - Standardized to be consistent in future.
- Graphs of scale results.
- Individual item results.

List of Core Items

The last page of the Grade 8, 10, and 12 reports includes a list of the core items. This list facilitates the interpretation of sample sizes (*n*'s; core items have higher *n*'s than items that appeared only on Form A or Form B).

List of Core Items

The core items that appeared on both Forms A and B (the secondary versions of the survey) are listed below. All other items appeared on either Form A or Form B, but not both. Core items may or may not have appeared on Form C (the elementary version).

<i>Item</i>	<i>Description</i>	<i>Item</i>	<i>Description</i>
1	Age	60	Binge drinking
3	Gender	61	Drunk or high at school (past 12 months)
4	Race/Ethnicity	85	Participation in after school activities
5	Language spoken at home	110	Weapon carrying on school property (past 30 days)
7	Mother's education	114	Physical fighting (past 12 months)
8	Father's education	115	Gang membership
10	Honesty in completing survey	119	Depression (past 12 months)
21	30-day use of cigarettes	120	Seriously consider attempting suicide
22	30-day use of chewing tobacco	130	Been bullied (past 30 days)
28	30-day use of alcohol	134	School provides counselor to discuss ATOD
29	30-day use of marijuana or hashish	188	Grades in school (past 12 months)
30/31	30-day use of illegal drugs	193	Enjoyed being in school (past 12 months)
37	Would smoke if offered cigarette by a friend	204	Feel safe at school
38	Intent to smoke within the next year	210	Age when first smoked marijuana
39	Age when first smoked a cigarette	213	Age when first drank alcohol
57	Advertisements about dangers of alcohol	225	Perceived wrongness of smoking
58	Parents discussed not drinking		

Item Index

All reports end with an Item index with page numbers for specific topics

- Age at first use 39, 210, 212, 213, 215–219
- Alcohol
 - Age at first use 213, 215
 - Attitudes 158, 160, 224, 234, 265
 - Driving 104, 107
 - Prevention 57, 58
 - Quitting 64
 - Source 62, 152
 - Use 28, 60, 61, 238, 248
- Arrest 221, 245
- Asthma 90–96
- Bullying 130–133
- Clubs 164–166
- Cocaine (*see* Drugs)
- Demographics 1, 3–5, 7–8
- Depression 119, 125
- Diabetes 97
- Disabilities 86–89
- Drugs
 - Age at first use 210, 216–219
 - Cocaine 16, 155, 219, 227, 240
 - Marijuana 14, 29, 59, 154, 157, 162, 210, 226, 235, 239, 249
 - Methamphetamines 15, 32, 218
 - Other drugs 17, 30, 31, 33–35, 216–217, 227, 240
 - Quitting 64
 - Selling 243
 - Source 63
- Family 144–147, 170–184, 185–187
- Fighting 112, 114, 116–118, 223, 230–231, 257, 264
- Fitness
 - Body weight 65, 66
 - Exercise 75–79
 - Physical Education 83–84
- Friends 237–246, 250–254
- Gambling 128, 129
- Gangs 115
- Guns (*see* Weapons)
- HIV/AIDS Education 135, 136
- Honesty 10, 255, 256, 258
- Marijuana (*see* Drugs)
- Medical care 98, 99
- Methamphetamines (*see* Drugs)
- Neighborhood 149–151, 163, 167–169
- Nutrition 67–68, 70–74
- Pregnancy prevention 136
- Quality of life 137–143
- Risk of harm 42, 59, 206–209
- Rules enforcement 170–177, 263
- Safety 100, 102, 103
- School
 - Absence 196, 232, 246
 - Achievement 188, 189, 195
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- School (*continued*)
 - Enjoyment 193–194
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 - Schoolwork 190–192, 199
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 - Weapons at 110, 228
- Suicide 120–122, 126–127
- Teams (*see* Clubs)
- Theft 229, 244, 262
- Tobacco
 - Advertising 49–50
 - Age at first use 39, 212
 - Chewing 22
 - Cigarettes 11–12, 20–21, 36–39, 41–42, 46, 159, 212, 225, 233, 237, 247
 - Prevention 43–45, 52, 54
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 - Secondhand smoke 48, 51, 53, 55
 - Source 56, 153
 - Other tobacco use 23–27
- TV/Video Games 80, 81
- Weapons 108, 110, 111, 156, 161, 222, 236, 242
- Work 9

Fundamentals for Understanding Your Results

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Learning Objective

Understand concepts including validity, reliability and generalizability and how to use confidence intervals.

To ensure the validity and reliability of the data, the Healthy Youth Survey is implemented in accordance with standard administration and data cleaning procedures.

The purpose for covering this is so you can answer the question “How do you know we can believe these students?”

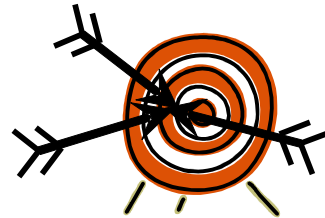
What is Reliability?

39

The extent to which a measure, procedure or instrument yields the same result on repeated trials. A survey item is reliable if it consistently produces the same results under the same circumstances

How we assure reliability:

- Standardized administration procedures



Administration Procedures

- Student and parental notification (students and parents can choose not to take the survey).
- Standardized administration procedures (e.g., coordinator training, teacher training, written instructions, teacher stays in room but at desk, single class period to avoid discussion, absent students do not make up).
- Students informed of importance of the survey.
- Students do not put their name or other identifying information on the survey.
- Students place own answer sheet in envelope.
- Students receive resource list with phone numbers if the survey questions bring up issues that they need to discuss.

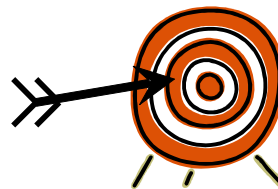
The administration procedures ensure a safe and confidential survey environment in which students can answer questions honestly.

What is Validity?

The degree to which the results are likely to be true, believable, and free of bias and can be generalized to a larger population. A survey item is valid if it accurately measures the concept it is intended to measure

How we assure validity:

- Items from established instruments
- Use validity checks – data cleaning procedures



Content and Sources of HYS Items

Nearly all of the HYS items are from established surveys that have been used for years throughout the United States, including:

- Communities That Care (CTC), developed by Hawkins and Catalano and supported by the U.S. Department of Health and Human Services
- Monitoring the Future (MTF), administered by the University of Michigan and supported by the National Institute of Drug Abuse
- Youth Risk Behavior Survey (YRBS), supported by the Center for Disease Control
- Youth Tobacco Survey (YTS), supported by the Center for Disease Control

New questions in 2008 were tested by a diverse group of 40 youth in Grades 6–12 across the state. The questions were adjusted based on their feedback.

Data Cleaning Procedures

Data cleaning procedures remove surveys that appear to have been answered dishonestly:

- Multiple inconsistent answers (e.g., if a student reports never drinking alcohol in their life and reports drinking alcohol in the past 30 days and provides other responses that similarly inconsistent with each other).
- Evidence of faking a high level of substance use (e.g., reporting the use of all substances every day).
- Dishonesty (if a student responds negatively to the item about honesty).
- Wrong grade (e.g., if a student received the Grade 6 survey form but reported being in Grade 8; these responses are included in school-level reports only).

Consistently, about 4% of the surveys submitted are removed through data cleaning. Although the responses on the removed surveys are very different than the average responses, removing them makes only a very small difference to the total results.

What is Generalizability?

Generalizability is the extent to which research survey results can be applied to the larger population (e.g., applying the results of the state sample to the entire state or the results of the county sample to the entire county). For example, if 8,800 public school Grade 6 students provide valid surveys, if the results are generalizable they are representative of the approximately 11,700 Grade 6 students statewide.

To whom can results be generalized?

- State and county sample.
- Non-sampled counties, districts, ESDs, and schools.

Why is a 70% participation rate important?

A high participation rate helps ensure that most of the schools and students eligible to take the survey are represented in the results. If, however, important groups of students are missing from the data, there may be limitations despite a high participation rate.

What are the challenges to generalizability?

How could the situations described in the sidebar affect generalizability?

- How might they affect school-, district-, county- or ESD-level data?
- How do these challenges affect data interpretation?

In each of the situations important groups of students did not take the survey or distractions might have influenced their responses.

Do I have to generalize? 42

Yes, if you want to apply the results to a larger population: "Eighth graders said"

Yes, if you want to compare your results overtime, or compare your results to others.

No, if you want to simply describe the students who took the survey "Eighth graders who took the survey said"

Quotations From Teachers Who Administered HYS 2004

"A few students had homework or a test that was pressing for the next period so they chose not to finish the survey but to study."

"The alternate activity involved students leaving the room to visit college representatives. There was no way to police this, so many students left because they wanted to hang out or go home."

"As soon as we read that the survey was voluntary, a huge group of seniors got up and left. They said they did not want to help the school because they were mad at the administrators."

"This survey was given during the last hour on Friday which was also 'crazy hair' day. The student behavior was poor and it may be reflected in their answers."

What is a Confidence Interval?

44

- ▶ HYS results include a \pm number after each item estimate—this number is a *confidence interval*. A confidence interval accounts for the fact that the reported value is probably a little different than the true value for all of the students.
- ▶ A 95% confidence interval, for example, means that we are 95% confident that the true value is within the \pm range.
- ▶ Confidence intervals are important when you generalize results to a larger population.

Why do we need confidence intervals if data are valid?

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Confidence intervals account for *variability* among students, NOT the validity of the data.

- Variability is inherent in any population worth studying. If variability were not a factor, administering a survey to answer questions would not be necessary.
- Variability causes uncertainty in the results.

Confidence intervals allow for the comparison of results to others and to ourselves over time.

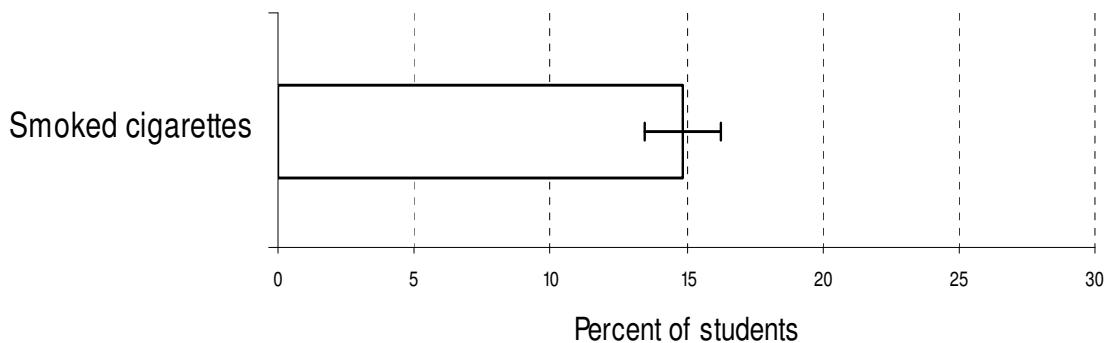
What do confidence intervals look like?

46

Smoked cigarettes (Grade 10, 2008): 14.4% ($\pm 1.6\%$)

$14.4 - 1.6 = 12.8\%$, $14.4 + 1.6 = 16.0\%$

Between 12.8% and 16.0% smoked cigarettes



Why are confidence intervals different sizes?

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The size of a confidence interval is effected by:

- Number of students. In general, the more students surveyed, the smaller the confidence interval.
- Inherent variability. If most students answer a survey question in the same way, then there is less variability. The more variable the answers, the wider the confidence intervals.
- Level of confidence. HYS uses 95% confidence intervals. This percentage is commonly used, but results can be calculated for different percentages. If 80% confidence were desired, the confidence interval would be smaller. If 99% confidence were desired, the confidence interval would be larger.
- Sampling design.

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Determining Statistical Significance

What is statistical significance?

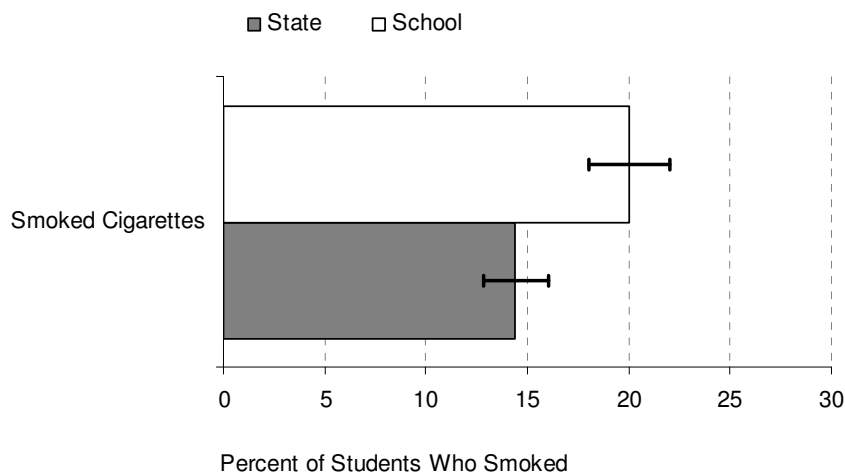
Statistical significance means that the probability that differences in results are not due to chance alone. When using 95% confidence intervals, a difference between two groups is considered statistically significant if chance could explain it only 5% of the time or less.

Confidence intervals can help you quickly determine significant differences, but there are more precise ways to determine significance. We will be showing you a tool later that can help with this. Also, assistance determining statistical significance is available from many sources including the local health department, the local ESD, JSPC agencies, or the Internet.

Sample of a **significant** difference between state and local data:

- Smoked cigarettes in the state: 14.4% ($\pm 1.6\%$)
Interpret as *between 12.8% and 16.0%*.
- Smoked cigarettes at my school: 20.0% (**$\pm 2.0\%$**)
Interpret as *between 18.0% and 22.0%*.

Conclusion: The highest value for the state (16.0%) and the lowest value for the school (18.0%) do not overlap; thus *the difference IS statistically significant*.

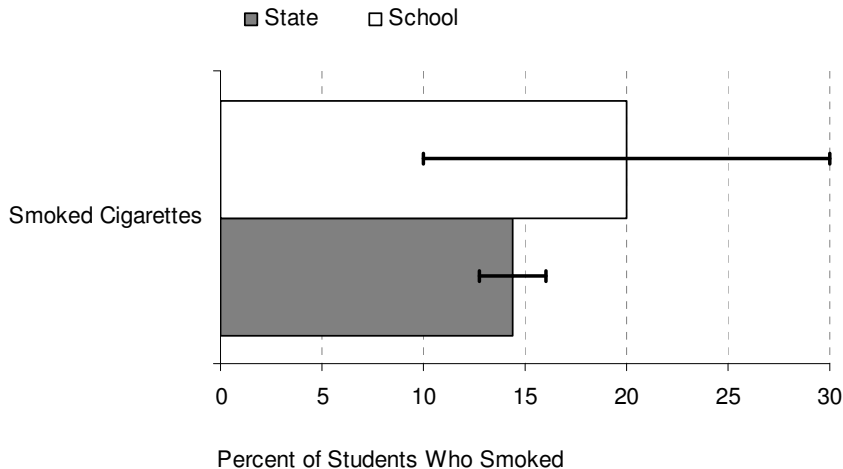


49

Sample of a nonsignificant difference between state and local data:

- Smoked cigarettes in the state: 14.4% ($\pm 1.6\%$)
Interpret as *between 12.8% and 16.0%*.
- Smoked cigarettes at my school: 20.0% ($\pm 10.0\%$)
Interpret as *between 10.0% and 30.0%*.

Conclusion: At least one confidence interval (10.0 to 30.0%) overlaps the other point estimate (14.4%), thus *the difference is NOT statistically significant*.

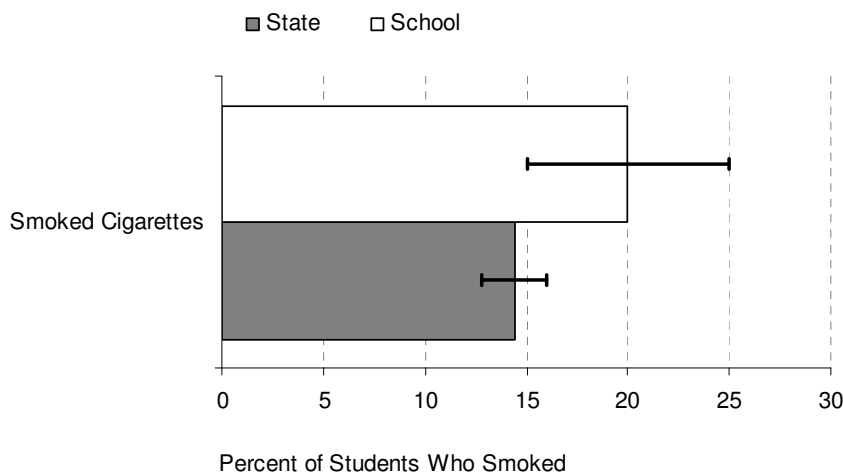


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Sample of an inconclusive difference between state and local data:

- Smoked cigarettes in the state: 14.4% ($\pm 1.6\%$)
Interpret as *between 12.8% and 16.0%*.
- Smoked cigarettes at my school: 20.0% ($\pm 5.0\%$)
Interpret as *between 15.0% and 25.0%*.

Conclusion: Inconclusive, more testing required (confidence intervals overlap each other but not the point estimates).



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Exercise 1:**Using Confidence Intervals to Compare State and Local Results**

- 1** In the example below, are the state and local rates different?
 Yes No (circle one)

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Example: What do the statistics suggest are the lowest and highest percentages of students who said **“Yes”** to the question **“Has a doctor or nurse ever told you that you have asthma?”**

Example local estimate:	28.0% \pm 4.0%	Example state estimate:	20.8% \pm 1.5%
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Actual range	24.0%	to	32.0%	Actual range	19.3%	to	22.3%
	(lowest)		(highest)		(lowest)		(highest)

- 2** Turn to Item 37 in your local report (page 9 secondary and page 7 elementary)
 What are the lowest and highest percentages of students who said **“Definitely no”** to the question **“If one of your best friends offered you a cigarette would you smoke it?”**

Your estimate:	_____ \pm _____	State estimate:	_____ \pm _____
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Actual range:	_____ to _____	Actual range:	_____ to _____
	(lowest) (highest)		(lowest) (highest)

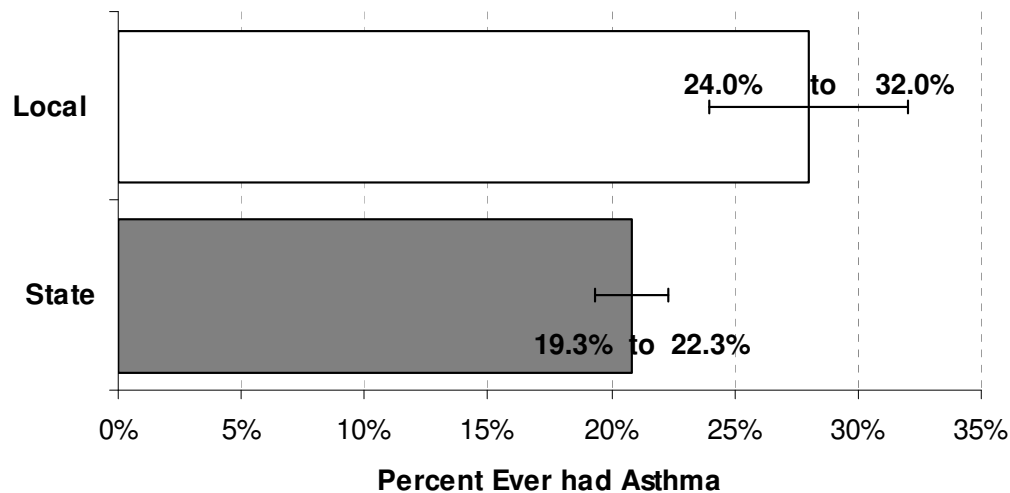
- 3** Are the differences above, between your local students and the state, statistically significant?

Yes No (circle one)

- 4** What does this mean for your students?

Answer to Question 1 56

Yes the difference is statistically significant. The highest end of the range for the state, 22.3%, is lower than the lowest end of the local range, 24.0%. The confidence intervals don't overlap, so the local result is significantly higher than the state.



What if I am in a small school that has large confidence intervals? 57

Having a confidence interval protects you (and your program) from appearing to be ineffective when just a few students make big changes.

Consider the input of teachers and staff from small-school environments when interpreting data—the data should be used to complement what they already know about their students.

New Tool: Using Excel and Confidence Intervals to Perform a Statistical Test

Available at: <http://www.hys.wa.gov/Reporting/Default.aspx>

As part of our Continuous Quality Improvement, we are providing a new tool for analyzing your results. This Excel spreadsheet, available online can be used to determine statistical significance. Simply enter the results from your local report and the spreadsheet calculates a p-value which indicates whether there is statistical significance.

How to Determine if Your Local Results is Different from a State Results

Compute z-test from 95% confidence intervals

This spreadsheet computes the p-value for a test of the difference between two point estimates, given their 95% confidence intervals and sample sizes.

Use this test ONLY if there are 30 or more students for the local results, and 30 or more for the state results.

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Input Section

	Percent	Plus or minus
Local Results	20.0	5.0
State Results	14.4	1.6

Output section

p-value:

0.0365494

Calculations

pooled standard error	3	2.6784
Z-statistic	#	-2.0908

The p-value is less than 0.05, so the local result is significantly higher compared to the state result.

Combining Item Responses

When looking at changes, combining the item response options is sometimes useful.

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Example 1: Combine the responses of students who reported using tobacco on school property to “any days” and “no days”.

53. During the past 30 days, on how many days did you use tobacco (cigarettes, cigars, or chew/dip) on school property?
- a. 0 days
 - b. 1 – 2 days
 - c. 3 – 9 days
 - d. 10 – 29 days
 - e. All 30 days

Local (n=200)	State (n = 4,243)
97.0% (± 2.0%)	91.1% (± 1.4%)
0.2 (± 1.5)	3.8 (± 0.8)
0.6 (± 0.8)	2.2 (± 0.4)
1.6 (± 1.0)	1.3 (± 0.4)
0.6 (± 0.4)	1.6 (± 0.4)

To determine the result for “any days” subtract your result from 100%:

$$100\% - 97.0\% = 3.0\%$$

To determine the confidence interval for “any days” use the same confidence interval as the “no days” response: (±2.0%).

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Example 2: Combine the responses of students regarding the enforcement of school rules about using tobacco to “definitely or probably no” and “definitely or probably yes”.

52. Do you think that rules about not using tobacco at your school are usually enforced?
- a. Definitely no
 - b. Probably no
 - c. Probably yes
 - d. Definitely yes

Local (n=200)	State (n = 4,216)
5.0% (± 2.3%)	15.3% (± 1.8%)
6.5 (± 4.3)	22.7 (± 2.2)
29.5 (± 6.6)	42.6 (± 2.5)
59.0 (± 5.0)	19.4 (± 2.0)

To determine the result for “yes” add the “probably yes” and “definitely yes” responses together:

$$29.5\% + 59.0\% = 88.5\%.$$

When 4 response options are combined into 2 groups, the confidence interval cannot be determined.

Comparing Data Over Time

Things to think about:

Was the survey the same as in previous survey administrations?

- Did the item wording change?
- Did the response options change?
- Did the risk and protective factors scales change?
- More information is available at:
<http://www.hys.wa.gov/Reporting/Default.aspx>

Were the challenges to generalizability similar?

- Were the response rates similar?
- Did the groups of students taking the survey change?

Is there a reason to think that changes might have occurred?

- ▶ Was a prevention program implemented that might have caused results for an item to decrease?

Comparing 2008 HYS to 2002, 2004 or 2006 HYS Data

HYS 2002, 2004, 2006, and 2008 reports all have confidence intervals.

If you think you have comparable data over time:

- and the confidence intervals do NOT cross, then the difference IS statistically significant.
- and the confidence intervals DO cross, then it is difficult to say if the results are different. Because statistical tests provide more precision in determining differences, there are a few additional rules you can follow:
 - ▶ If the 2008 percentage is INSIDE the 2006 confidence interval, then the difference is NOT statistically significant.
 - ▶ If the 2008 percentage is OUTSIDE the 2006 confidence interval, then it cannot be determined whether the difference is statistically significant, but you can use the Excel spreadsheet tool to help determine significance.

Comparing HYS to 2000 WSSAHB Data

Prior to 2002, Washington youth reports did not report confidence intervals.

If you think you have comparable data over time:

- and the 2000 percentage is INSIDE the 2002/2004/2006 confidence interval, then the difference is NOT statistically significant.
- and the 2000 percentage is OUTSIDE the 2002/2004/2006 confidence interval, then it cannot be determined whether the difference is statistically significant, but the further away it is the more likely the difference is statistically significant.

Final notes about significance

Even if a difference is statistically significant, it might not be practically significant

For example:

- State use of some drug: 12.8% (± 0.2)
- *Local* use of that drug: 14.4% (± 1.2)

The difference is statistically significant, but is it different enough to influence program planning?

CI are quick and available, but there are more precise ways to determine significance.

Help on understanding this is available from many sources:

- Your local health department
- Your local ESD
- The state agencies that make up the JSPC
- HYS materials on the web

Section 3

Exploring www.AskHYS.net

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Learning Objective

Participants will learn how to access and use www.askhys.net

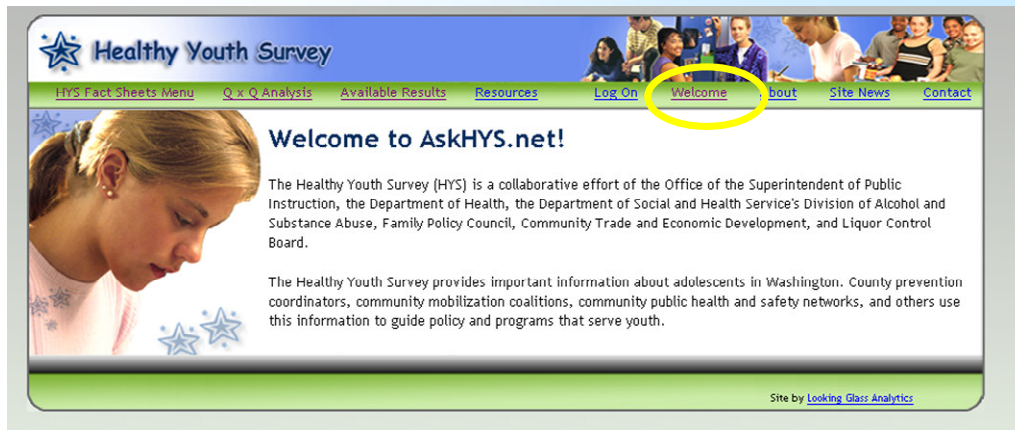
This section of the workbook will cover:

1. An introduction to the AskHYS website pages
2. An overview of the topic specific survey fact sheets and the results presented in them.
3. A guide for using the Q x Q data query analysis system

When you enter the website address, www.AskHYS.net, you will see this welcome screen:

66

Welcome to AskHYS.net



Logging On 67

There is public access to AskHYS.net for state, ESD and county level results. If you are looking for school district or building then you need to receive permission from the school district superintendent.

Log in site 68

Healthy Youth Survey

HYS Fact Sheets Menu Q x Q Analysis Available Results Resources Log On Welcome About Site News

Log in to AskHYS.net!

Access district and building results

Username

Password

Enter

Need permission?
Click here to find out more.

Site by Looking Glass Analyt

[Need help getting access to district and building results?](#)

Clicking on “Need help” will take you to a document that describes the steps you need to take to get permission.

Getting Accessing to District and Building Results on AskHYS.net 69

Healthy Youth Survey results are available to the public on AskHYS.net at the state, county and Educational Service District (ESD) levels.

**To access district and/or school level results,
you must be granted access by the school district’s administration.**

1. Check to see if results are available for a district or building. Go to the “Available Results” tab and search for the districts and/or schools you are interested in obtaining access to.
2. Contact the District Administrator to request access to the specific district and/or building results. Explain who you are and what you will be using the results for. A school district directory is available at: <http://www.k12.wa.us/DataAdmin/default.aspx>

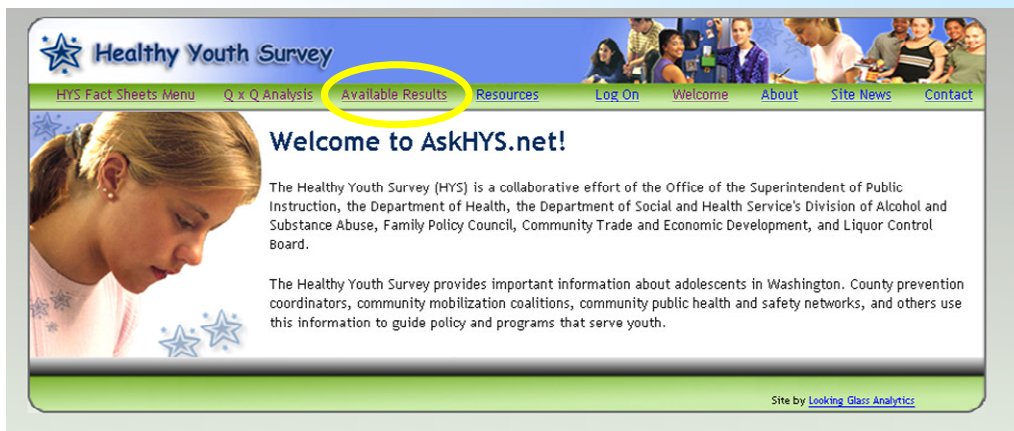
3. If you receive approval from the District Administrator, contact the District Security Manager to receive the required electronic permissions. A list of District Security Managers is available at: <https://eds.ospi.k12.wa.us/SecurityManagerList.aspx>
4. Once you receive permission, log on the AskHYS.net website using your assigned EDS user id and password. A message will appear, in fine print at the bottom of the AskHYS.net main screen, if you logged on correctly.
5. The new districts and/or school buildings that you received permission for will now appear in the "Geography" drop down menu.
6. If you have any questions, contact Dixie Grunenfelder at the Office of Superintendent of Public Instruction (OSPI), Dixie.Grunenfelder@k12.wa.us

Available Results

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One of the first steps you might want to take is finding out what results are actually available on AskHYS.net.

Results on AskHYS.net



Click on the Available Results webpage and it will provide you with a list of results that are available by year. It will also provide reasons why results are not available for specific locations.

Available Results

To determine if results are available for an ESD, county, district or building from 2002, 2004, 2006, and 2008, click on the level of geography under the specific year to find out if Healthy Youth Survey results are available for that administration and location:

The following table is a key to the reasons why results are not available

Yes =	Yes, results are available.
Too few schools	No results. County or district results are not generated unless at least 2 schools with 15 surveys participate. Look for building level results.
Only 1 school =	No results. District results are not generated if only 1 building participates. Look for building level results.
< 15 surveys =	No results (not enough respondents, less than 15).
< 40% =	No results (low participation rate, less than 40%).
Not generated =	No results. District or school requested that results not be generated.
na =	No results (did not participate in the survey or don't have that grade).
Consortium =	Schools chose to group results together. Check the list of Consortia at the bottom of the page.

Selecting the year, will take you to a list of results available for that survey administration year, and you can view if there are results available for location and grade “Yes”, or the reason why not.

2008 Results (xls)

2006 Results (xls)

2004 Results (xls)

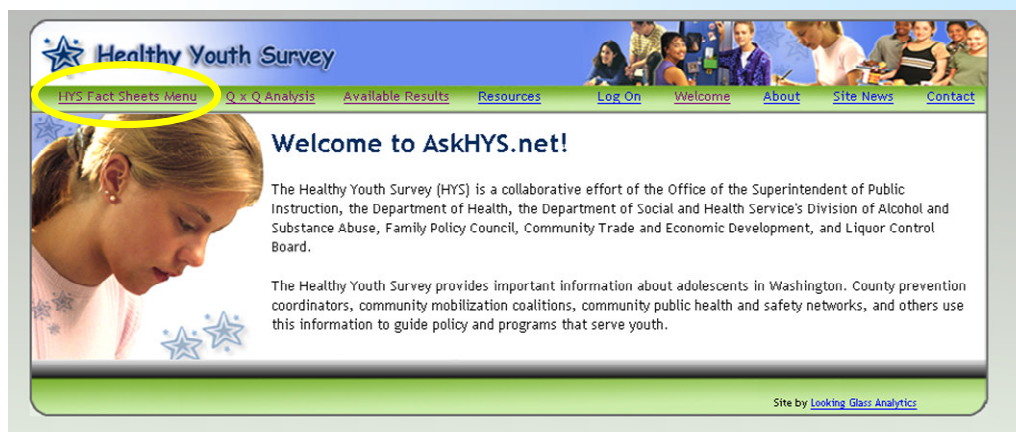
2002 Results (xls)

Survey Year 2008

STATE	Grade 6	Grade 8	Grade 10	Grade 12
Washington	Yes	Yes	Yes	Yes
COUNTY	Grade 6	Grade 8	Grade 10	Grade 12
Adams	Yes	Yes	Yes	Yes
Asotin	Yes	Yes	Yes	Yes
Benton	Yes	Yes	Yes	Yes
Chelan	Yes	Yes	Yes	Yes
Clallam	Yes	Yes	<40%	<40%
Clark	Yes	Yes	Yes	Yes
Columbia	Yes	Yes	Yes	Yes
Cowlitz	Yes	Yes	Yes	Yes
Douglas	Yes	Yes	Yes	Yes
Ferry	Yes	Yes	Yes	Too few schools
Franklin	Yes	Yes	Yes	Yes
Garfield	Yes	Yes	Yes	Yes

No Results Available

Fact Sheets on AskHYS.net



Clicking on the HYS Fact Sheet Menu webpage, will take you to the following list of fact sheets:

HYS Fact Sheets 74

— Select Report Topic(s) —

Page	Grade					Page	Grade				
	6 th	8 th	10 th	12 th			6 th	8 th	10 th	12 th	
Safety and Violence Behaviors						Health and Health-Related Behaviors					
Unintentional Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Weight and Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Violent Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Dietary Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Harassment, Intimidation, and Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Risk and Protective Factors						Alcohol, Tobacco and Other Drug Use					
Community Risk Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Protective Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Depression & Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School Risk Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Current Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School Protective Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Alcohol Use (2 pages)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Peer-Individual Risk Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Tobacco Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Peer-Individual Protective Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Marijuana Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family Protective Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<u>Clear All</u>					

Additional information on any Fact Sheet is available by clicking its title or (while testing) the blue question mark following the checkboxes (). This will bring up a reference page in a new window.

Select the topic and grade level for each fact sheet you want to generate.
Then below, select the geography, year and gender for the fact sheets.

Select Desired Sample of Students

Geography

☒ State

WA ▼

☐ ESD

ESD 101 ▼

☐ County

Adams County ▼

Survey Year

2006 ▼

Gender

☒ Male

☒ Female

Submit

If you have permission for school district or building level results, then drop down menus will appear for those locations that you have been granted access to and logged in for.

The fact sheets contain the following information:

- The chart title, year, grade, gender and the number of students in that location that had responses to the survey. The actual number of youth who answered a specific question vary depending on which survey form the question is on and the number of students who not answer the question but completed most of the survey.
- Background and where to find more information on the fact sheet topic.
- A bar chart with selected results for the year and grade selected. Charts include the percent values and 95% confidence intervals (as \pm) for each measure. Some charts also include a short sentence that interprets one of the measures for that year, grade and location.
- A trend chart with results for all of the years that the selected results were available. Under the chart is a table with the percent values and 95% confidence intervals (as \pm). If there is a statistically significant change from one year to the next, an asterisks * indicates the change.
- A state comparison chart for all grades that the selected result is asked of. Results for the location selected and the state are included. Under the chart is a table with the percent values and 95% confidence intervals (as \pm). If there is a statistically significant from the state, an asterisks * indicates the difference.
- Some fact sheets also include a state level cross-tab of a selected result by academic achievement. It shows the percent of youth who reported the result and if they are “mostly getting C’s, D’s, or F’s” in school. These results are only **state level**, and will be same on ESD, county, district and school fact sheets.

Here is a sample of what the new 2008 fact sheets should look like:



Healthy Youth Survey Fact Sheets

77

Unintentional Injury for Washington State

Year: 2008

Grade: 8

Gender: Both

Number of Students Surveyed: 8,730

Background:

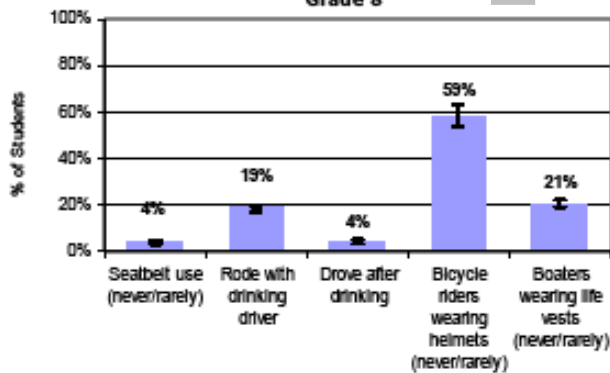
- Unintentional injury is the leading cause of death among youth. Motor vehicle crashes are the most common cause.
- Unintentional injuries are caused by behaviors such as not wearing a seatbelt, drinking and driving, riding with a drunk driver, riding a bike or motorcycle without a helmet, or not wearing a life jacket.
- Most unintentional injuries are not accidents because they can be prevented. Alcohol and other substances impair one's judgment and may contribute to injuries and even death.

For More Information and Resources:

Visit the Washington State Injury and Violence Prevention Website at: www.doh.wa.gov/hsqa/emstrauma/injury

2008 Unintentional Injury Grade 8

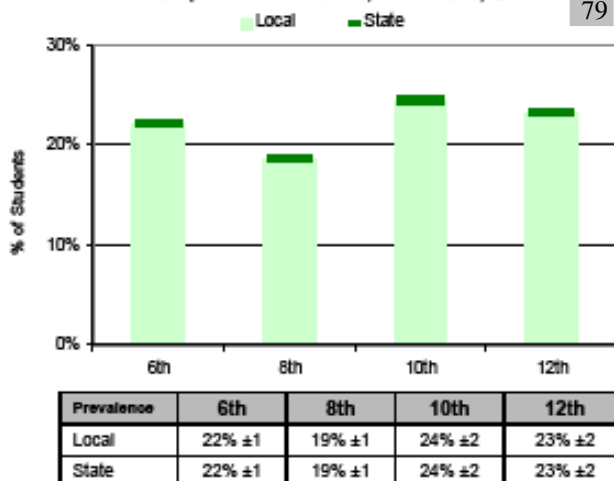
78



In 2008, 19% of 8th grade students in our state rode with a drinking driver in the past month.

Rode with Drinking Driver Compared to the State, All Grades, 2008

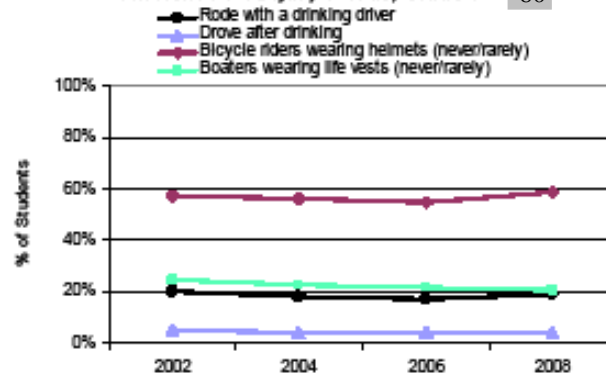
79



Prevalence is displayed with 95% confidence intervals (as ± or black bar I)
 * Indicates a significant difference, $p < 0.05$

Unintentional Injury Trends, Grade 8

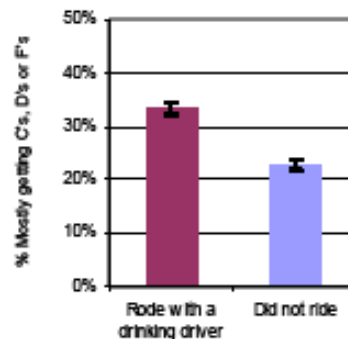
80



Prevalence	2002	2004	2006	2008
Rode with drinking driver	20% ±2	18% ±2	17% ±2	19% ±1
Drove after drinking	5% ±1	4% ±1	4% ±1	4% ±1
Bicycle riders wearing helmets (n/r)	58% ±5	56% ±4	55% ±4	59% ±5
Boaters wearing life vests (n/r)	25% ±2	23% ±2	22% ±2	21% ±2

2008 Statewide Academic Grades in School by Rode with Drinking Driver, Grade 8

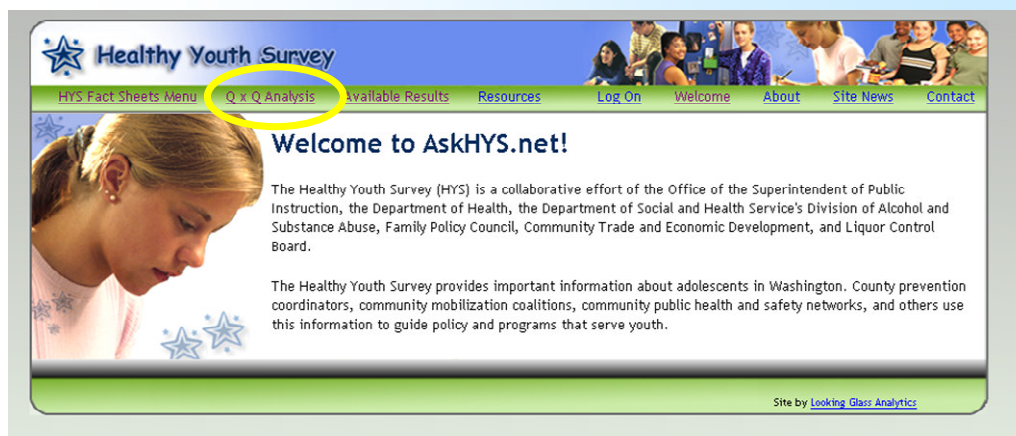
81



Statewide, youth who rode with a drinking driver are more likely to get lower grades in school (C's, D's or F's) compared to those who did not.

Washington HYS results generated at AskHYS.net on 11-24-2008

Analysis with Q x Q on AskHYS.net



Running frequencies and cross-tabs

If you want to create results by crossing one variable by a second variable, then you are producing a crosstab. Any variable that is crossed with any other variable, even gender (selected in the menu above) is considered a crosstab.

There are a few basic rules that are required to produce crosstabs.

1. There is a minimum number of respondents per cell
 - a. For state level analysis you must have 5 or more respondents in each cell.
 - b. For sub-state level analysis you must have 10 or more respondents in each cell.
2. These cell size requirements are necessary to protect the anonymity of the youth who participate in the survey, are a requirement of the Washington State Institutional Review Board.
3. Questions must be on the same survey form or be a “core” survey question.
 - a. It is not possible to cross one question that is only on the form B survey questionnaire with one that is only on the form A survey questionnaire. For example, you cannot cross current cigar smoking (only on form B) with current methamphetamine use (only on form A).

If these requirements are not met then you will receive the following error messages.

1. For state level analysis: At least one cell in the result table contained a count of less than 5. Output is suppressed.
For sub-state level analysis: At least one cell in the result table contained a count of less than 10. Output is suppressed
2. If questions are not on the same form, or core: No surveys contained responses to all the selected variables:

Clicking on the HYS Q x Q Analysis webpage, will take you to the following query system.

First, select the parameters for your analysis: year, grade level, gender, and location

If you are password and log on to the website, you will also have dropdown menus for the school districts or buildings that you have been granted permission to view results.

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Instructions Query Builder Filter and Output Options

Choose initial analysis variables

Survey Year Grade Gender

In this example, the analysis will include state level results from 2008 for both male and female 12th graders combined.

In this example, the analysis will include state level results from 2008 for both male and female 12th graders combined.

Select a survey data category...

Demographics

85

Table Preview

Row 1 Column

...then select, drag and drop desired variables into desired box below.

(Additional functionality is available by right-clicking any variable.)

[G01] Age (secondary)
[G06] Race / Ethnicity
[G06a] Asian or Asian American, Any
[G06b] American Indian or Alaskan Native, Any
[G06c] Black or African-American, Any
[G06d] Hispanic or Latino/Latina, Any
[G06e] Native Hawaiian or other Pacific Islander, Any
[G06f] White or Caucasian, Any

Item response category prev

Drop first variable (row) here...

Select your variables from survey data category dropdown menu.

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Survey questions are grouped into topics, and individual questions may be placed in more than one area.

Select a survey data category...

Current Use

...then select, drag and drop desired variables into desired box below.
(Additional functionality is available by right-clicking any variable.)

[D20] Current Alcohol Drinking

[D61] Binge Drinking

Table Preview

Row \ Column		Total

Item response category preview:

[D20] Survey question and responses for 2008:
During the past 30 days, on how many days did you: Drink a glass, can or bottle of alcohol (beer, wine, wine coolers, hard liquor)?

- a. None
- b. 1-2 days
- c. 3-5 days
- d. 6-9 days
- e. 10 or more days

When click on a variable, the question text and response options will appear in the box to the right. This way you can verify that you are selecting the question you want to analyze.

...then select, drag and drop desired variables into desired box below.
(Additional functionality is available by right-clicking any variable.)

[D61] Binge Drinking

D20 Current Alcohol Drinking

Drop first variable (row) here...

[D20] Current Alcohol Drinking

Drop second variable (column) here...

Item response category preview:

88

[D20] ☐ Surveyed ☒ Collapsed

no days

any days

Drag your variable it into the first box

The box titled “Drop first variable (row) here...” The response options for the variable will be displayed in the box to the right.

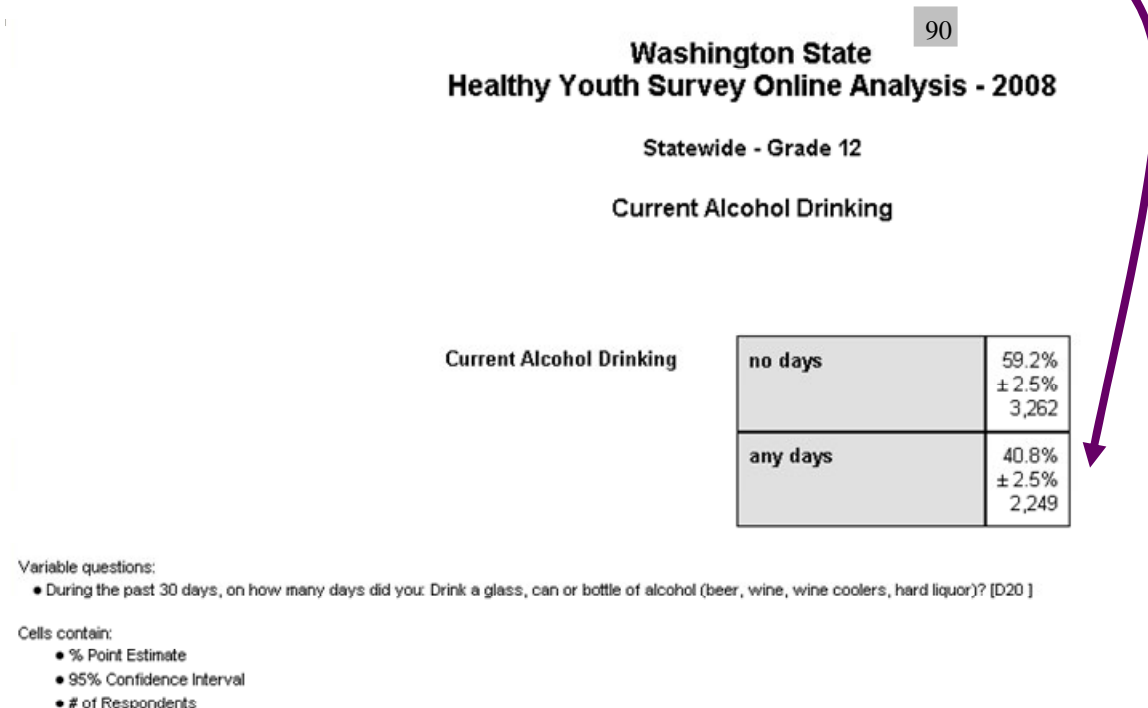
Most variables are collapsed into two response options. This was done primarily to make it easier to interpret your analysis and to deal with response options that have a small number of respondents. If you want your analysis to include all of the response options, click the “Surveyed” button.

Frequency Results

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If you just want to see the results for the single variable you selected, click on the “Run Query” button at the bottom of the page.

In this example, current alcohol drinking on any days in the past 30 days is 40.8% for 12th grade students statewide in 2008 (both male and female combined).



Analysis output

The output provides you with the percent value for both of the response options, the \pm 95% confidence interval and then the number of respondents that answered each response.

The number of respondents is just the number of youth who answered this question for this grade, year and location. It is also called the number of respondents per cell. In this case, the first cell “no days” has 3,262 respondents and the second cell “any days” has 2,249 respondents. This cell number, 2,249, is not the total number of Washington 12th graders in 2008 that drink alcohol. That number needs to be calculated by relating it to the total number of 12th graders in Washington in 2008.

The output also provides the variable question again, so you can be certain which HYS question the results are for.

Running frequency results can be useful, especially if you want to double check your analysis against the results in your original reports.

To set up your cross tab, drag your second variable it into the second box

The box titled “Drop second variable (column) here...” Again, the collapsed response options for the variable will be displayed in the box to the right.

In this example, we are selecting the g06 – Race / Ethnicity variable. There are two different types of race variables, this one g06 includes respondents that only selected one race for the individual response options and groups all of the respondents who selected more than one race and groups them as a “Multiple or Other” response option. I.e., when you run g06, the American Indian or Alaska Native respondents are those who only selected that as their only race. This variable also groups Asian and Pacific Islanders together. To get all of the response options separately, select the “Surveyed” button.

The other race variables g06a – g06g include all of the respondents who selected that race / ethnicity response option. I.e., when you run g06b, you will get every respondent that checked American Indian or Alaska Native – including those who may have checked other race / ethnicities.

Select a survey data category...
Race/Ethnicity

...then select, drag and drop desired variables into desired box below.
(Additional functionality is available by right-clicking any variable.)

[G06a] Asian or Asian American, Any
[G06b] American Indian or Alaskan Native, Any
[G06c] Black or African-American, Any
[G06d] Hispanic or Latino/Latina, Any
[G06e] Native Hawaiian or other Pacific Islander, Any
[G06f] White or Caucasian, Any
[G06g] Other Race, Any
[G07_06] Language Spoken in the Home

91

Drop first variable (row) here...
[D20] Current Alcohol Drinking

Drop second variable (column) here...
[G06] Race / Ethnicity

Table Preview
Row \ Column
G06
Total
D20

Item response category preview:

[D20] ☐ Surveyed ☒ Collapsed
no days
any days

[G06] ☐ Surveyed ☒ Collapsed
Asian or Pacific Islander
American Indian or Alaskan Native
Black or African-American
And 3 other values...

Once you've selected your crosstab variable, click on the “Run Query” button at the bottom of the page.

Crosstab results 92

In this example, current alcohol drinking on any days in the past 30 days is crossed with the race / ethnicity variable for 12th grade students statewide in 2008 (both male and female combined).

Washington State Healthy Youth Survey Online Analysis - 2008

Statewide - Grade 12

Current Alcohol Drinking and Race / Ethnicity

Current Alcohol Drinking	Race / Ethnicity						Total
	Asian or Pacific Islander	American Indian or Alaskan Native	Black or African-American	Hispanic or Latino/Latina	White or Caucasian	Multiple or other	
no days	9.1% ± 3.5% 297	2.2% ± 0.6% 71	4.7% ± 2.5% 153	10.4% ± 4.2% 338	65.3% ± 6.8% 2,122	8.2% ± 1.1% 268	100.0% 3,249
any days	6.0% ± 1.8% 135	2.3% ± 0.7% 52	3.9% ± 1.8% 88	10.3% ± 3.6% 229	68.5% ± 5.6% 1,529	8.9% ± 1.6% 199	100.0% 2,232

Crosstab output

When reviewing your crosstab output, it's very important to verify that you've generated the correct results. In this case, the analysis was supposed to produce results for current alcohol drinking among each race / ethnicity group. So looking at the "any days" results it looks like the drinking rates for White or Caucasian 12th graders is pretty high, 68.5%, while the rates for the other race / ethnicity groups are pretty low.

The problem is that when the crosstab was set up, it ran, among those who drink alcohol or not – what is the rate for each race / ethnicity. This is highly influenced by the high proportion of White respondents compared to the lower proportion of minority group respondents.

What I really want to know is, among each race / ethnicity group – what is the alcohol drinking rate. To fix this, I need to go back to my analysis set up and switch the variables, so that g06 race / ethnicity is in the first row box and d20 use current alcohol drinking is in the second column box.

When we swap the order of the variables we get the following output.

Race / Ethnicity and Current Alcohol Drinking

94

Race / Ethnicity	Current Alcohol Drinking		
	no days	any days	Total
Asian or Pacific Islander	68.8% ± 5.9% 297	31.3% ± 5.9% 135	100.0% 432
American Indian or Alaskan Native	57.7% ± 7.5% 71	42.3% ± 7.5% 52	100.0% 123
Black or African-American	63.5% ± 8.4% 153	36.5% ± 8.4% 88	100.0% 241
Hispanic or Latino/Latina	59.6% ± 4.7% 338	40.4% ± 4.7% 229	100.0% 567
White or Caucasian	58.1% ± 2.6% 2,122	41.9% ± 2.6% 1,529	100.0% 3,651
Multiple or other	57.4% ± 4.4% 268	42.6% ± 4.4% 199	100.0% 467

Crosstab output ~ second try

These results look a little more reasonable, as the White or Caucasian youth look much more similar to the results we would expect and to the other race / ethnicity groups.

Also, you can see that the row add up to 100% total, so you know that among 12th grade White or Caucasians group in 2008, that 58.1% don't currently drink alcohol and 41.9% do statewide.

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Other tips for using the Q x Q

To remove a variable from your analysis, right click on it and select "Remove from analysis". Right clicking on the variable will also give you more information about it, including what years the question was asked and if it changed over time.

At the bottom of the page there is a section title "Additional Variable Options". Currently this one doesn't do exactly what we want it to do, so please don't use it. It says that you can produce results by gender in separate tables – but that actually isn't an option. We'll let you know how to use it once it's working the way it should on the "Site News" webpage.

Also, the "Additional Output Options" tab isn't working either. In the future this will give the option to put your result into Excel. Again we'll add information to the "Site News" webpage when it's functional.

Finally, we will be adding much more detailed instructions to the "Instructions" tab. Including a crosswalk that will provide more information about the variables and the years they were asked.

Section 4

Communicating Your HYS Results¹⁰

Learning Objective

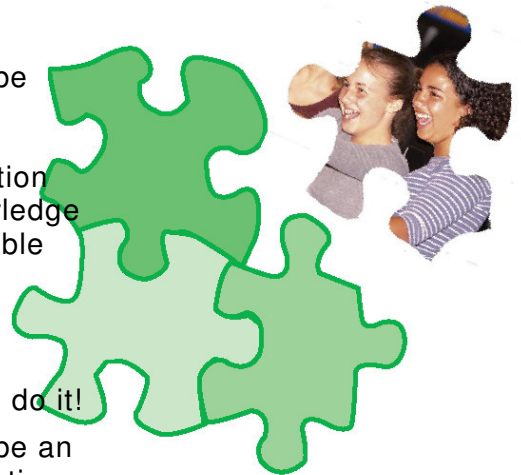
Participants will learn effective methods for communicating HYS results.

Data are an important piece of the puzzle, but must be considered in the context of your community.

Data are only one type of information. Other information that may also be important to consider, include knowledge of community issues, the political climate, and available resources.

Remember:

- Using your data might be difficult, but you can do it!
- Data cannot answer everything, but they can be an important part of program planning and evaluation.



Where to Find Your HYS Data

State and local reports of results and sets of PowerPoint slides:

- School- and district-level data reports and slides are sent to the district superintendent.
- County reports are sent to county health departments and posted on the DOH website: <http://www3.doh.wa.gov/HYS/>
- Preformatted topic-specific reports feature state and local results: www.askhys.net
- Online data queries will soon be available www.askhys.net:

Ideas for Using Your HYS Results

HYS data can be an integral part of program planning and can help answer key questions.

- What is the problem?
- What is the priority?
- What do we do about it?
- How do we know if it worked?

HYS data have been used by nonprofits, schools, counties, and state agencies to apply for grant monies. Many grants require using data to identify that there is a need and also that you can measure whether you are having an impact.

The data can be used to compare groups- i.e. you can compare your county to a similar county. You can compare your data to national data since many of these questions come from national youth surveys.

The HYS data can be used to look at changes over time.

Using HYS Data to Identify Problems and Set Priorities

How do you know what to focus on?

Your HYS data reports do not tell you that something is a problem or should be a priority, but they can point you in the right direction:

“It’s worse than average.”

- Our rates are greater than the state average.

“It’s getting worse/better.”

- The trend over time increasing—we should take action to stop it now.
- The trend over time is decreasing—we should jump on that trend.

“It’s just bad.”

- Local results that do not differ from the state results or change over time might still be of concern. For example, even one youth suicide attempt is too many.

Sometimes HYS data may be used to back up a community interest or opportunity.

“We have an opportunity.”

- Grant money is available.
- The fix is obvious or a good intervention is available.
- The community just wants to take action.

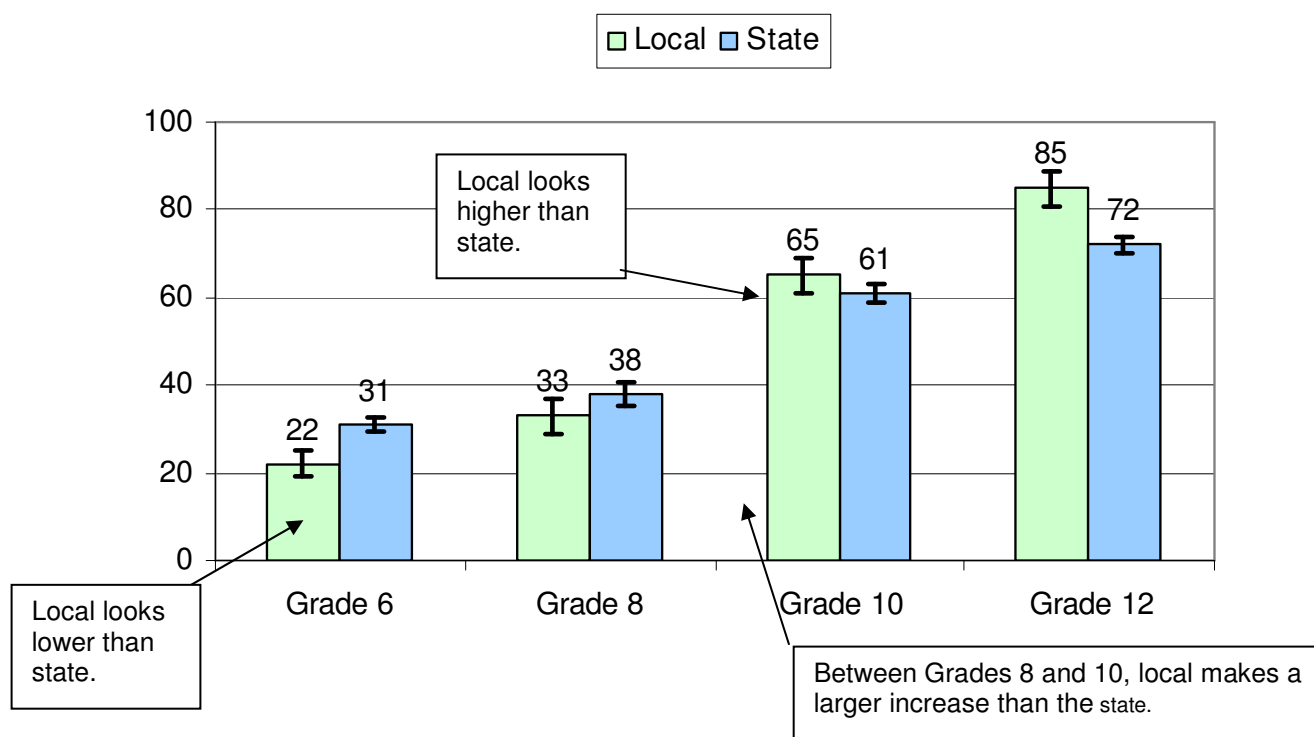
But remember: Data can help!

They have helped determine best practices, and can help lead to the implementation of good programs, not just programs that feel good.

Graphs, such as the one that follows, were sent to all participating schools, districts, and counties. These graphs can be used to compare state and local results.

Lifetime Alcohol Use

Percent of students who have ever had more than a sip of alcohol



Don't expect too much from HYS results

Change takes time—especially for long-term outcomes. Be realistic about what can be achieved.

HYS data may not be the best source of information for your evaluation.

Additional data collection methods might include pre- and post-testing, focus groups, and individual interviews.

- HYS data might not answer all of your questions.
- You might not be able to detect the level or type of change you are looking for.

Talking About Numbers

Simplify so that your audience can understand the numbers:

101

When quoting Health Youth Survey data, don't say something like:

"About 17.4% plus or minus 3.1% of students said....."

- Round percentages to whole numbers. If the decimal point is between 0 and 4, round down; if the decimal point is between 5 and 9, round up:
17.0% to 17.4% becomes 17%
17.5% to 17.9% becomes 18%
- Use language that acknowledges and conveys that these percentages are estimates:
"about 17%"
"about 17%, plus or minus 3%"
"between 14 and 20%"
- Use language to convey that these percentages represent a specific group of students only (if your response rates are low or if you do not want to generalize to a larger population):
"about 17% of the students surveyed in our community said . . ."

Use the correct terminology:

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How do your response rates effect how you can talk about your results?

- If you have to% participation (70% or greater):
 - About 17% of 8th graders said
- If you have lower participation (example 45%):
 - About 17% of the 8th graders in our community who took the survey said.....

The term *data* is plural:

"the data *were* [not *was*] collected"

"our data *suggest* [not *suggests*]"

The term *datum* is singular.

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Consider different ways of saying what you mean

Instead of saying "17.2% \pm 3.2% youth said that they 'mostly' or 'definitely' felt unsafe at school", you could say:

"about 17% of our youth feel unsafe in school" or "about 1 in 6 youth feel unsafe in school"

And remember that you can present data positively:

"about 83% of our youth feel safe in school" or "about 5 out of 6 youth feel safe in school"

If you had a low response rate for your survey, instead of saying "students said" it would be best to say "students who took the survey said"

Communication Planning

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Communicating about data is difficult. Before you share your HYS results, devise a communication plan. One approach to ensuring that your message is clear is to identify a single overriding communication objective—a *SOCO*—and to use a *message map* and to organize your thoughts.

Single Overriding Communication Objective (SOCO):

- The “so what” of your message.
- The “big picture”—the meaning in its context.
- Meaningful to your target audience.
- What you want your audience to learn or do.

What does a SOCO look like?

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- For broadcast media: 10- to 12-word sound bite.
- For print media: 1- to 3-line quotation.
- For real people: 3 or 4 ideas—most people will not remember more than that.

SOCO Example

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“Community leaders should speak out in support of Safe & Drug Free Schools Programs”

A SOCO needs to be supported by **details**: “Healthy kids learn better”

- Provide logical justification.
- These are the *reasons why*.

The details need to be supported by **facts**: “HYS data show strong associations between substance use and lower academic achievement”

- These are the evidence of your details.
- Use your data here.

Sample SOCO and Message Map

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The state Tobacco Prevention and Control program used the following SOCO in a recent press release and legislative report.

Single Overriding Communications Objective (SOCO): Our program has been successful in reducing youth smoking, but there are still challenges ahead. [and we still need funding for it]		
Detail 1 Washington has a comprehensive youth tobacco prevention program	Detail 2 Fewer youth are smoking than prior to the program in WA	Detail 3 Youth are still at risk for using tobacco. Continued work is necessary to keep rates low
<i>Fact 1</i> The program reaches youth at home, in their community and at school in all areas of the state	<i>Fact 1</i> Overall, current youth smoking rates have dropped by 50%	<i>Fact 1</i> The tobacco industry spends \$180 million promoting the use of tobacco products in WA each year
<i>Fact 2</i> The program is based on CDC best practices	<i>Fact 2</i> There are 65,000 fewer youth smokers	<i>Fact 2</i> 45 kids start smoking every day in WA
<i>Fact 3</i> Comprehensive youth programs have been effective in other states like Oregon, Florida and Massachusetts	<i>Fact 3</i> Declines have not been as strong in the past few years among younger youth, and have increased among high school students	<i>Fact 3</i> The use of alternative tobacco products such as cigars, flavored cigarettes and cloves has been increasing and needs to be investigated

Exercise 2: **Using Your Data to Communicate**

You are a team of “Healthy School” advocates who have been seeking opportunities to increase support for early prevention programs among youth.

Using data provided on the next page and data from your own report, practice talking about Healthy Youth Survey results in one or more of the scenarios. Use the message maps on the following pages. Be prepared to share at least one of your messages.

- A** The school board has invited your team to talk with them and make your case about the need for more early prevention programs among youth.

- B** The son of a prominent city council member was arrested for driving drunk. He attends the local high school. A radio station calls and asks you to provide a sound bite about substance use among youth in your community.

- C** A local agency is offering funds for programs that support youth. Support your grant application for an alcohol prevention program.

Exercise 2 Data

HYS Question	Grade	2008 State	2008 Local
Current alcohol use among students (percentage who reported any alcohol use within the past 30 days). Item 28 in 2008 report	6	3.5 ± 0.6	4.0 ± 1.0
	8	16.1 ± 1.5	20.0 ± 2.0
	10	31.7 ± 1.6	30.0 ± 3.0
	12	40.8 ± 2.2	35.5 ± 3.0
Grade 6: Ever in lifetime ridden in car with someone who was drinking alcohol (percentage who reported “yes”). Item 106 in 2008 report Grades 8, 10, and 12: Recent riding in car with someone who was drinking alcohol (percentage who report any times in the past 30 days). Item 107 in 2008 report	6	22.2 ± 1.2	21.0 ± 2.0
	8	18.6 ± 1.3	20.0 ± 2.0
	10	24.4 ± 2.1	32.0 ± 3.0
	12	23.3 ± 1.6	34.0 ± 3.0
Recent driving while drinking alcohol (percentage who reported any driving while drinking in the past 30 days). Item 104 in 2008 report	6	*	*
	8	4.1 ± .6	4.0 ± 1.0
	10	6.3 ± .8	15.0 ± 1.8
	12	12.1 ± 1.3	19.0 ± 2.8
Perceived harm of regular alcohol use among youth (percentage who reported believing there is “great risk” in drinking 1 or 2 drinks nearly every day). Item 209 in 2008 report	6	30.5 ± 1.6	40.0 ± 3.0
	8	32.7 ± 2.2	31.0 ± 3.0
	10	37.1 ± 2.4	22.0 ± 2.0
	12	35.3 ± 2.4	20.0 ± 2.0
NOT including talks on drinking and driving, in the past year parents or guardians have talked to you about why you should not drink alcohol? PERCENT RESPONDING NO Item 58 in 2008 report	8	23.6 ± 1.0	28.0 ± 2.0
	10	33.2 ± 1.2	38.0 ± 2.0
	12	41.9 ± 1.8	45.0 ± 2.0
During the past 30 days, have you seen or heard advertisements on TV, the Internet, the radio, or magazines about the dangers of kids drinking alcohol? PERCENT RESPONDING NO Item 57 in 2008 report	8	36.9 ± 1.8	39.0 ± 3.0
	10	34.2 ± 2.0	38.0 ± 2.0
	12	35.2 ± 2.0	40.0 ± 2.0

Exercise 2 Message Map

Single Overriding Communications Objective (SOCO):

Detail 1	Detail 2	Detail 3
Fact	Fact	Fact
Fact	Fact	Fact
Fact	Fact	Fact

Some SOCOs that we came up with:

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- “The school board needs to take action to prioritize alcohol prevention programs for our middle school children”
- “Every parent in our community should talk to their kids about drinking and driving”
- “Funding this program will reduce the excess danger that children in our community face from alcohol”

Details (supported by facts in the data)

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- Alcohol use in 8th graders is higher for our children compared to the state
- Both driving while drinking and riding with a driver who had been drinking are significantly higher for 10th and 12th graders compared to the state
- Our 8th, 10th and 12th graders are more likely to report their parents did not talk to them about the dangers of drinking alcohol.
- Our 10th and 12th graders are less likely than children statewide to believe that regular alcohol use is dangerous

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Potential Traps

Including information that is not relevant to your SOCO.

Including information that is relevant, but goes beyond what you NEED (too much detail).

Speculating beyond the data.

Treating nonsignificant or unimportant differences as significant.

Forgetting to double-check your results or the math.

Being afraid to say “I don’t know.”

Overusing graphics or using graphics that distort the numbers.

Talking about numbers instead of the people they represent.

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Helpful Tips

Use a message map or other message plan.

Ask someone you trust critique your message for accuracy and understandability.

Double-check the math.

Practice saying everything, including the numbers, aloud.

Practice saying “I don’t know, but I can get back to you about that.”

Be prepared to discuss the limitations of your data.

Use the PowerPoint slides to complement your presentation.

Speak with clarity and compassion.

Stay on message.
The answer to every question is your SOCO.

“That’s an interesting point, but what I’d really like people to know is [my SOCO]”

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Remember.....

Data are only ONE piece of the puzzle.

But sometimes:

“Without data, you’re just another person with an opinion” - unknown

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Final thoughts

- Don’t flip through your HYS reports to find the story, find your story and use data to support it (most of the time).
- If your story is “we have important data to describe our kids” (overview) then use the local slide sets provided to you.
- Share your HYS results!

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Why share your results

- Awareness of data availability
- Gain community, school, and youth perspectives
- Planning:
 - Change perceptions of issues
 - Make informed decisions
 - Needs assessment
- Evaluation:
 - Establish baselines
 - Monitor and evaluating progress
 - But watch out for unreasonable expectations

Obtaining More Information

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Websites

Main HYS website for survey participation information and training materials:

<http://www.hys.wa.gov/>

Workshop training materials

<http://www.hys.wa.gov/Workshops/Menu.htm>

Department of Health HYS website for state and county level results and background information:

<https://fortress.wa.gov/doh/hys/>

Website with preformatted fact sheets and a data query system:

<http://www.AskHys.net>

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